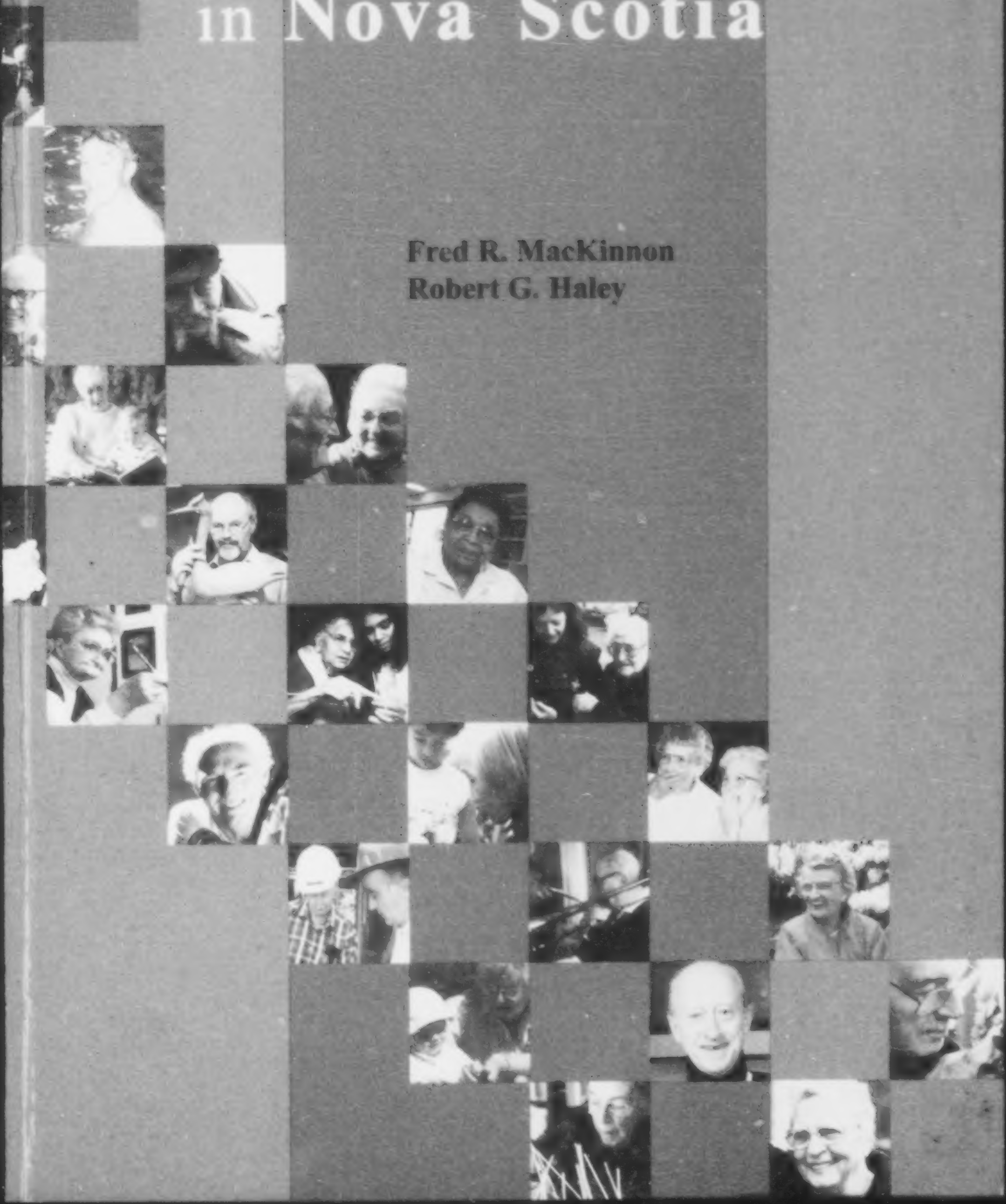
The Empowerment of Seniors in Nova Scotia

Fred R. MacKinnon
Robert G. Haley



105-04054/

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NOVA SCOTIA
Senior Citizens' Secretariat

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Library and Archives Canada Cataloguing in Publication

MacKinnon, Fred R.

The empowerment of seniors in Nova Scotia / Fred R. MacKinnon and Robert G. Haley.

Includes bibliographical references.

ISBN 0-88871-891-8

1. Nova Scotia. Senior Citizens Secretariat—History. 2. Older people—Government policy—Nova Scotia. 3. Older people—Services for—Nova Scotia. 4. Older people—Nova Scotia—Social conditions. 5. Old age pensions—Canada. I. Haley, Robert G. II. Nova Scotia. Senior Citizens' Secretariat III. Title.

HV1475.N6M32 2004 353.537'09716 C2004-907236-6

Printed in Canada

Published by Communications Nova Scotia

Editing: Tara L. Wittchen

Graphic design: Arthur Carter, Paragon Design Group

Dedication

Hon. Frank R. Davis

Hon. Jack MacIsaac

Hon. Angus MacIsaac

This book is dedicated to three cabinet ministers who served in the Government of Nova Scotia. The first, Frank R. Davis, represented a constituency in Lunenburg County and was appointed Minister of Public Health and Welfare by the Premier, the Honourable Angus L. MacDonald, after the election of 1933. Dr. Davis continued in government as Minister of Public Health until his death in September 1948. He served 15 years as minister and his department was wholly responsible for the administration of Community Services.

The new government of the Honourable Angus L. MacDonald promised to carry out an old age pension program to take advantage of the federal *Old Age Pension Act* of 1927. Immediately after the election in 1933, the *Old Age Pension Act* was implemented. Dr. Davis became responsible for starting this very important new program. He chose outstanding and capable administrators and the old age pension administration in Nova Scotia was considered to be one of the most efficient in Canada. Dr. Davis placed much emphasis on having capable, professional staff and he deserves full credit for moving Nova Scotians from the mean, miserly philosophy of poor relief to the new progressive social welfare directions of the post-war years.

The second, the Honourable Jack MacIsaac, was elected in the Pictou Centre constituency in 1978. He was appointed Minister of Social Services by the Premier, the Honourable John Buchanan. Mr. MacIsaac served as the Chair of the Secretariat from its inception in 1980 until February 12, 1991, when he became the Conservative Party Whip and resigned from Cabinet and the Senior Citizens' Secretariat. He created and founded the Senior Citizens' Secretariat. The concept was embodied in the Seniors Citizens' Commission of 1972 by the Honourable Allan Sullivan but was greatly expanded by the Honourable Mr. MacIsaac.

The third Minister, currently responsible for the Secretariat, is the Honourable Angus MacIsaac, who represents the constituency of Antigonish. Mr. MacIsaac was appointed the Minister of Health and Chair of the Senior Citizens' Secretariat on August 18, 2003. Mr. MacIsaac brings considerable experience to his new position. He was first elected to the Legislative Assembly in 1969 and re-elected in 1970, 1999, and 2003. He served successively as the Minister of Labour, Education, Housing, and Municipal Affairs and has the advantage of serving the committee responsible for the Secretariat and services to seniors.

The vision and personal commitment of these three ministers in providing improved services for the aged and aging is well described in a statement made by George Bernard Shaw:

> "You see things and say: 'Why?'
> But I dream of things that never were and I say: 'Why not?'"

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Foreword

The idea for producing this book came from a conversation Dr. Fred MacKinnon and I had following his retirement as Director of the Secretariat in 1995. We realized that much of the history, the logical process of building a meaningful infrastructure, and the nurturing of relationships with so many seniors and professionals should be documented and would be lost if we did not make the effort to put pen to paper and recall the early days and subsequent steps in our journey.

Thus, it was after receiving a call from Dr. MacKinnon in 2002 that the work began.

Dr. MacKinnon, challenged by a loss of sight, asked a former colleague, Bob Haley, to co-author this book with him. Staff of the Senior Citizens' Secretariat also spent considerable time in research and documentation.

This book is intended to reflect the history and dynamics of change of the seniors' movement and to provide readers with a sense of the important role the infrastructure of the Secretariat has had in the lives of older adults in this province.

From 1980 to 1995, Dr. Fred R. MacKinnon was the Director of the Senior Citizens' Secretariat. In my role as Co-ordinator I worked hand in hand with him to build on the infrastructure of the Senior Citizens' Secretariat as created by the government of the day under the leadership and guidance of the Honourable Jack MacIsaac, Minister of Community Services, and ultimately the first Chair of the Secretariat.

Beyond 1995, as Co-ordinator and then as Executive Director, my efforts have been based on the vision, experiences, and accomplishments of previous years. Our personal journey from 1980 to 2004 has been exciting, rewarding, and challenging. We hope the readers will enjoy knowing the steps taken, and experience our passion in leading and facilitating an increased profile for seniors' issues and, subsequently, creating a positive impact on the lives and well being of seniors in Nova Scotia.

Many senior individuals and organizations played significant roles, and many professionals with dedication and commitment to older adults contributed to the success of the Secretariat. It's no surprise that our provincial office on aging is the envy of other jurisdictions in Canada.

As someone once said, We cannot direct the wind, but we can adjust the sail. Our journey in the development of programs and services in co-operation with former and current staff of the Secretariat has been and continues to be both an exciting and fulfilling journey.

Valerie White

Preface

This book began as a project to record the history of the Senior Citizens' Secretariat and its accomplishments from its inception in 1980 to the present time. The current Executive Director, Valerie White, is responsible for emphasizing the importance of such an historical document. In view of the fact that Fred MacKinnon served as the Director of the organization from 1980 to 1995, many felt he had some qualifications for this task.

This book attempts to tell the story of how services for seniors have developed over the past 24 years. During the 1900s several significant events contributed to the empowerment of seniors and we hope this volume will encourage seniors as well to achieve greater well-being.

However, there are close to a hundred boxes of files of accumulated historical material on the Secretariat. This would have to be examined in detail and the task seemed too much for one person to undertake. Robert Haley, a fellow retiree from the Department of Community Services, was enlisted to join Dr. MacKinnon in the project Valerie White had in mind.

The first issue we, the authors, faced in deciding how to write such a history related to how the Secretariat evolved. Like all organizations, there were good understandable reasons for the creation of this body. A brief history might be written from its inception in 1980 or an examination of the historical background that made it a necessary service and development in the field of aging.

We came to the conclusion that the seniors' movement of the 20th century had its beginning in the enactment of the federal *Old Age Pension Act* in 1927. That seemed to be the first step in the empowerment of seniors aimed at making a better quality of life for the growing number of older persons.

We had some difficulty in using the word "empower." The word "power" has come to have a distinctly negative connotation, depending on how it is used and who uses it. Lord Acton, in a letter to Bishop Mundell Creighton stated: "Power tends to corrupt and absolute power corrupts absolutely." We agree with Lord Acton's statement that power is a very heady issue to handle. The facts are, however, that power is real and we have to rely on the wisdom of those using it to make sure that it will be used well. If we, as individuals, lack power over ourselves and the forces that shape us in the community we can have little hope of making life better for ourselves and others. Thus, old age pensions may be viewed as the first step that gave our senior population the help they needed to help themselves. That is what we mean by the empowerment of seniors in Nova Scotia.

Chapter 1 will focus entirely with the development of old age pensions from 1927 to the present. Chapter 2 will trace the development of the seniors' movement, beginning in the post-war years and reaching a full flood during the 70s and 80s. These chapters are primarily the product of fact-finding, research, and writing by Robert G. Haley.

Chapter 3 will trace the history of the Senior Citizens' Commission set up by government in 1972. The Commission served as the precursor of the Senior Citizens' Secretariat, which was created by legislation on April 1, 1980.

The history of the Secretariat will be covered in Chapter 4. Both authors have been involved in writing all parts of this document; however, Chapters 3 and 4 are written in the first person singular because they contain many personal experiences and references by Dr. MacKinnon that obviously related to his involvement in the development of the commission and the Secretariat programs.

Chapter 5 is entitled *Reflections*. We believe there is ample justification for including our observations in a closing chapter. The future of the Secretariat is uncertain and depends almost entirely on how we address social policy decisions about our aged and aging populations. Who can foretell what the priorities will be 25 years from now? Who can foresee specifically what will confront us 25 years from now? The Secretariat has the built-in capacity to cope with the major social policy issues as they arise and the degree to which it does this adequately will determine its future.

There may well be some confusion about the titles used in our text and the corroborative documents to denote the department of government responsible for the administration of welfare services. Originally these services were added to other departments. For example, at one time they were in the Department of Mines and Resources, then the Department of the Attorney General. In the 1930s these responsibilities came under the Minister of Public Health and were an integral part of the health portfolio. In 1956, the Department of Public Welfare was created. This title carried the inference that welfare services were a public responsibility, although a goodly portion were privately managed. In 1973, the designation Public Welfare was changed to Social Services and, finally, in 1987, the name was changed to Community Services. This name continues to be used.

It is extremely difficult to fully describe in a single phrase what social services should be encompassed in a department of government. Both "Social Services" and "Community Services" are appropriate. Truth is, any title, no matter how well chosen, cannot accurately portray the scope of responsibilities of the department providing these services.

When the legislation was drafted to establish the Secretariat, the apostrophe after the "s" in Citizens' was not used in the title *Senior Citizens'*

Secretariat. Reference to the statutes of Nova Scotia will verify that fact. Notwithstanding this omission, it was decided that the correct usage required the s'. The s' indicates that the Secretariat belongs to the senior citizens of Nova Scotia, whereas its omission leaves this in doubt.

An historical treatise such as this must have many contributors. We were fortunate in having the Executive Director of the Secretariat, Valerie White, requesting that this work be undertaken. This meant that the staff of the Secretariat was available from the beginning to assist in collecting, compiling, and typing the wide-ranging source material needed to cover this history.

The office secretary, Mary Boutilier, kept a well-arranged set of records of every significant action undertaken by the Secretariat. She obtained these and made them available to us. She also transcribed a great deal of the text of this document.

Jane Mayer was a faithful and knowledgeable compiler of the large collection of facts, statistics, and decisions made.

Jane Phillips spent many years in the Department of Community Services managing its excellent library and she transferred to the Secretariat in 2001. Her knowledge of source material was invaluable.

The staff at Reference Services at the Halifax Regional Library also played a significant role in finding answers to questions that would otherwise need an inordinate amount of time spent in fact finding and research.

Special thanks to Dee Ryan-Meister and Bill Westheuser, the staff at Communications Nova Scotia, and especially to Tara Lee Wittchen, the capable editor they contracted for us.

There is a tendency for many of us to downplay the role and importance of records. The preparation of an historical document such as this emphasizes the value and importance of keeping a record of social policy decisions made by government. It is quite impossible to develop social policy without having some degree of error. If a record is not kept of why social change is necessary and the manner in which it is made, mistakes can be repeated. Good records showing the process of creating social policy are invaluable in avoiding repeated mistakes.

It is now 24 years since the Secretariat was created. One would expect that the mission as defined and foreseen in 1980 would have changed and be modified based on the lessons gained in the past 24 years. It has been said that if we disregard the lessons of history we are doomed to repeat the mistakes of the past.

When the Secretariat began, it was not clear how the community, especially seniors' organizations, would become involved in its work. That issue has now been clarified and nine non-governmental organizations are closely allied with the Secretariat and play a major role in determining social policy directions. They are referred to as the Group of IX. When we are moving down a river, it is highly desirable to pause, move to higher ground where we may see the paths we have traveled to get where we are and the lay of the land that lies ahead. The evolutionary process will continue. Indeed, the Secretariat of 2025 may be quite different from what we know today.

Chapter 1

Introduction

"Grow old along with me!
The best is yet to be,
The last of life, for which the first
was made:
Our times are in His hand
Who saith 'A whole I planned.
Youth shows but half; trust God:
see all, nor be afraid!'"

The above quotation by Robert Browning from Rabbi Ben Ezra has become one of the best known tributes to those who are fortunate enough to have become seniors. Old age is a privilege denied to many who are cut off long before they reach old age. The Browning quotation emphasizes the blessings of old age contrasted with those of youth.

It is estimated that by 2025, 25 per cent of Canada's population will be 65 years of age and older. This increase will have a profound effect on nursing care, home care, health services, seniors' housing, family caregivers, transportation, pensions, and retirement income for the aged. The greatest increase will be in the numbers of the very old. It is not unusual now for people to live for 90, 95, and 100 years. These older age groupings will require additional costly services.

Browning's quotation evokes no argument in respect to the young elderly from 65 to 80, but when life extends to 90 and 100 years health problems multiply, financial demands increase at a time of life when there is no earning power, and savings of a lifetime are depleted quickly. Having to contend with this scenario raises questions about the quality of life for the very old.

Shakespeare in his play "As You Like It" starts his well-known quotation:

> *"... one man in his time plays many parts,*
> *His acts being seven ages. At first the infant ..."*
> *This quotation concludes with: "Last scene of all,*
> *That ends this strange eventful history,*
> *Is second childishness and mere oblivion;*
> *Sans teeth, sans eyes, sans taste, sans everything."*

There are those who live to be 100 years of age or more and enjoy a good quality of life. With our present knowledge, these are exceptions and, for the most part, the very old have a multitude of afflictions—a few major and many which are minor in their severity. We shall have to invoke new skills, knowledge, and a new way of life if we are to change this pattern of life. The scripture refers to our time on earth as three score years and ten. Two thousand years ago, 70 was a good old age. Today health services and the improved amenities of life have pushed life expectation forward—well beyond 70 years. How far should we expect to go?

The motivation for helping seniors to achieve a better quality of life remains pretty much the same in 2004 as when the Secretariat was established in 1980. How much have we accomplished? Certainly care provided for our aged folks is more humane than it was in the 1980s. However, the challenges facing us today are as daunting as they were in 1980. There is a world of difference between what a senior may look forward to today in terms of humane care at the end of life and the quality of care a senior expected to receive 50 years ago. Then there were few nursing homes. The poor house was the only facility available. Old age pensions were miserly and dependency on relatives was the norm for the aged.

We have come a long way in improving the quality of life for the aging and especially the very old. Whoever heard of palliative care as far back as 1930 or even in the 1950s? Today we take these modern services for granted. It is not unreasonable to opine that the Secretariat and those organizations associated with it had considerable influence in bringing about this desirable state of affairs. On the other hand, much more remains to be done.

Old Age Security 1927 to 2004

a. Old Age Pensions 1927 to 1952

When the Dominion of Canada was founded in 1867, most of the elderly did not retire. At that time, Canada was predominantly an agricultural society and the farms were family-owned and family-operated. As the older generation became less productive and more dependent, the next generations assumed their duties and the responsibility for their care. Those without families and in need of financial support had to face a number of undesirable options.

Usually four means of support were available to persons in need. The first of these were the church and non-government charities. During the 18th and 19th centuries, many church-sponsored and non-governmental services were established to help the sick, the disabled, and the elderly who were destitute. Examples of these were: St. Paul's Church, 1759; North British Society, 1768; Charitable Irish Society, 1786; Poor Man's Friend Society, 1820; St. Vincent de Paul Society, 1853; and the Halifax Association for Improving the Condition of the Poor (AICP), 1866[1].

If the elderly needed financial assistance from the public purse, a third option was available. They faced not only the appalling attitudes of those administering a pittance to them through the relief program, but community condemnation as well. Recipients of public funds could be required to work for their dole, have their names posted in public areas, or be boarded out to the lowest bidder who was paid by the municipality determined to be legally responsible for the care of an individual; in other words, the place where legal settlement was determined. It was very difficult to get those forms of support and the amounts were quite parsimonious. A fate worse than this would be the final option, admission to one of the various public institutions—poor houses. Generally the conditions in these were so horrible they prompted Joseph Howe to write his *Parody on the Workhouse* in 1835. He referred to the workhouse, poor houses, poor farms and asylums as 'mansions of woe.'[2]

In the early 1900s there was a noticeable population shift—many of the people in Nova Scotia began moving from the rural family farms into the towns and cities. The urban population as a percent of our total population for the years 1871, 1901, and 1921 showed a significant change from 8.3 per cent to 19.4 per cent and 44.8 per cent[3] respectively. These changes resulted in many of our elderly persons losing the family support that shielded them from public assistance or institutionalization.

One of the first attempts to help those in need in Nova Scotia began with coal miners. Coal mining is a unique occupation, dangerous in the extreme, and mine accidents generally leave men so badly disabled they are wholly unemployable. These conditions produce a kind of solidarity among miners that is not common in other occupations. In 1879, in Springhill, Nova Scotia, wage cuts and intolerable working conditions led to the formation of a miners' union called The Provincial Workmen's Association (PWA). The achievements of the new union were significant. The PWA made financial contributions to a miners' relief society to provide sickness, accident, and death benefits. The resources of these groups were limited and they could not adequately provide for those in need for lengthy periods.

In 1907, the provincial government considered a commission to look into relief societies and the establishment of a pension plan. A commission was appointed by the provincial government in 1908. The commission recommended that a coal miners' contributory pension be introduced with contributions from the miners relief society, the provincial government, and the miners. The *Coal Miners Pension Act* of 1908 had to be proclaimed by Order in Council. This was never done. The act was dropped by the provincial government in the revised statutes of 1923.

By now many European and Commonwealth countries had established nationwide pensions to help their elderly, disabled, blind, or all three. Some of these plans were contributory whereas others were determined by a means test. There were pressures on our national government to start a nationwide old age pension program. The first attempt to do this was the establishment of an annuity purchasing program. This was unsuccessful because few Canadians had sufficient financial resources to purchase an annuity to relieve long-term financial need.

W.L. MacKenzie King won the federal election in 1926 by promising to enact an old age pensions act. This was done in March, 1927.

Kenneth Bryden stated:

> *"The Old Age Pension Act, 1927, authorized the federal government to enter into an agreement with any province to reimburse that province for half the cost of pensions paid under provincial legislation which met the requirements of the federal act and regulations. Administration was entirely a provincial responsibility, but an administrative scheme and any changes in it had to have federal approval in advance. The provinces were protected against being left high and dry after having once committed themselves*

> *to the plan by a provision requiring the federal government to give ten years' notice of termination of an agreement. A province for its part could terminate at any time simply by repealing its legislation."*[4]

The *Old Age Pension Act* of 1927 was a start. It provided a welcome alternative for seniors who might otherwise be dependent on relief from the *Poor Relief Act of Nova Scotia* and suffer the indignity of poverty.

Four of the major highlights of this legislation were

- The maximum pension was $20 per month or $240 per year.
- The pension was available to British subjects aged 70 or over who had lived in Canada for 20 years.
- It was based on a means test and was restrictive to seniors whose income, including the pension, did not exceed $365 per year.
- Status Indians were excluded.[5]

This Act made it possible for the provinces to enact old age pension legislation tailored to suit their requirements. Nova Scotia did not take immediate advantage of the federal government cost sharing. In 1931, the Conservative government of Gordon Harrington passed an act for Nova Scotia to enter into an agreement with Ottawa to pay old age pensions. However, this act could come into force only through proclamation. The provincial government decided the cost of carrying out the act was too great and took no action to proclaim the legislation. Then, as now, the first question raised by the government of the day was: "Can we afford it?" That has been and probably will continue to be the central question regarding social welfare policy. It is significant that no thought was given to amending the *Poor Relief Act of Nova Scotia* to providing for continuing and protracted need. In other jurisdictions, that course was being followed. Another 35 years would have to elapse before the provincial government would assume responsibility for continuing social assistance—provincial or municipal.

In 1933, a provincial election was called. The Liberal party under Angus L. MacDonald promised that, if elected, it would proclaim the *Old Age Pension Act*. MacDonald won the overwhelming majority of 22 out of 30 seats. His government was sworn into office on September 5, 1933, and on that day the previously mentioned act of 1931 was proclaimed. The first old age pensions in Nova Scotia were paid on March 1, 1934. The old age pension legislation accomplished several important new directions in social policy in this province

- it emphasized the ineffectiveness of the commonly referred to Poor Laws as an instrument for helping the needy—in this case seniors.
- it was the entering wedge in a drastic change in social philosophy, moving the province from its dependence on municipal government helping people in need to having the province directly involved in helping seniors.
- for the first time, it helped to destroy the myth that helping people in need would make them more dependent.
- it helped to establish the principle that assistance to needy persons in their own home was preferable to having them leave their communities and go into institutions.
- it established a base on which seniors, over 70 years of age, were able to enjoy a new level of independence and empowerment, and to enjoy a better quality of life.

Perhaps the most important question answered by the *Old Age Pension Act* was that the decision of what a political jurisdiction can afford is really a political one. There is no fixed or set answer to this question. In retrospect the decision of the MacDonald government would seem to be obvious. In fact very strong arguments could be made to support the decision for the government to not bring about old age pensions. It would seem that the old adage holds: "The proof of the pudding is in the eating."

In 1934, cash flow and availability was limited throughout the province, especially in the rural areas. It was the middle of the Great Depression, which lasted from 1929 to 1939. The old age pension cheque of $20 per month was the equivalent of $273 in 2002[6]. Although a meager amount, it put money in the hands of Nova Scotians who were cash-strapped; that alone made it a welcome friend in the "hungry '30s." Most seniors over 70 years old were forced to live with family members during these years. This had the merit of placing the elderly, for the first time, in an important role in the family. The $20 per month may seem meager and to not offer much improvement over poor relief, if we look at it from a vantage point of 2004. The amount must be viewed in light of the economic situation at that time.

Although the *Old Age Pension Act* of 1927 gave the elderly poor some relief, the limitations used by the means tests of the provincial governments were quite stringent. In Nova Scotia one of the restrictions of the poor laws was the concept of "responsibility of relatives ." In other words, the elderly had to prove their children were unable to support them. If the children had assets, the elderly were encouraged to sue them for support.

The Second World War brought full employment and many families had two incomes. Those elderly who only received the old age pension watched their purchasing power dwindle because of inflation and the insecurities of the great depression emerged again. The strict application of the means test in determining eligibility meant it was little more than another form of poor relief made palatable because it was paid by the federal and provincial governments and not by the overseers of the poor. As a matter of fact, the *Old Age Pension Act* in Nova Scotia and most of the other provinces was administered in a mean and miserly manner that brought the means test into disrepute. It made the universal old age pension payment of 1952 a welcome change.

b. Universal Old Age Pensions

There was a need for a more comprehensive, nationwide social security system. Many groups were now advocating on behalf of seniors. These included members of the political parties, unions, and seniors themselves. There was a need for a universal old age pension scheme with the means test eliminated. Constitutional changes were required for the Government of Canada to create a nationwide public pension. This was because of the jurisdictional responsibilities outlined in the *British North America Act* of 1867. These changes were made in 1951 and on January 1, 1952, the *Old Age Security Act* (OAS) established pensions for all men and women 70 years of age and over. This was the first universal pension for Canadians.

The highlights of the pension were

- The maximum payment was $40 a month or $480 per year.
- Canadians 70 years of age and over who lived in Canada for 20 years were eligible.
- Status Indians were included.
- There was no means test.[7]

Now Canadians had a universal pension that was far ahead of its time and doomed to a very short life. It would eventually be set aside by the government because the rank and file of Canadian seniors did not agree with the universal old age pension concept. For example, they could not understand why someone with an income of $100,000 per year would receive the same amount of pension as a low-wage earner. In 1965, the age of eligibility was dropped from 70 to 65. Even though the benefits of the *Old Age Security Act* were meager at best, there were wide-spread criticisms of the pension system itself.

In the field of education, no one would argue that the child of a high income individual should not be entitled to the same education as a child of a lower-wage earner. Income does not enter into the child's right to a public school education. In like manner, we have come to accept the idea that a wealthy individual has the same entitlement to health care as a person with very low income. Income does not play a part in determining eligibility for health services. The logic we apply in respect to determining eligibility for Old Age Security is quite different from that we accept without question in the fields of education and health. When we think about determining eligibility for assistance in old age these same principles should apply. This was not the case! Because of this prevailing attitude across the country, it was relatively easy for the government to turn to other pension options. The universal approach to Old Age Security was dropped in 1965 with tax clawbacks.

Before discussing the new system, the following changes bring the *Old Age Security Act* up to its current provisions:

In 1967, the Guaranteed Income Supplement (GIS) was introduced to further reduce poverty among seniors. The GIS provided additional funds, on top of the Old Age Security, to seniors living in Canada who have a low or modest income. This is an income-tested program. To be eligible for the Supplement an applicant had to be in receipt of Old Age Security and meet the income requirements specified by this program.

Like all pieces of legislation, many changes have evolved to respond to the changing needs of the recipients. Inflation was rapidly eroding the purchasing power of seniors in the 70s. To offset this, full annual cost-of-living indexation was introduced in 1972 and quarterly indexation in 1973 to reflect changes in the Consumer Price Index.

The (Spouse) Allowance was established in 1975, for people in need 60 to 64 who were married to GIS recipients. In 1985, it was extended to all low-income widows and widowers aged 60 to 64. The definition of "spouse" was redefined under Old Age Security to include both legal and common-law spouses.

Employment history is not a factor in determining eligibility for OAS nor is it necessary to be retired to receive it. The amount of the benefit depends on the length of residence in Canada. If a person does not qualify because of lack of resident years in Canada, social security contributions or residence in one of the 46 countries with which Canada has social security agreements may qualify an applicant for OAS.

c. Current Income Security Systems

By the mid 60s, public opinion was moving away from the concept of universal pensions and embracing the support of a contributory, earnings-related pension plan. To become involved in this system, the *British North America Act* had to be amended again. This was done and the Canada Pension Plan was introduced in Canada on January 1, 1966.

This new legislation made sure the contributors and their families would be protected against the loss of income due to retirement, disability, benefits to dependent children of deceased plan members, children of disabled pensioners, and lump-sum death benefits to defray the cost of funeral expenses. Benefits were based on contributions. Status Indians were not included.

The Canada Pension Plan, which began in 1966, provides benefits when a contributor to the plan retires, became disabled, or dies. The amount of the benefit depends on the amount of earnings and contributions to the plan. All Canada Pension Plan benefits are paid out of the CPP fund and are subject to income tax.

Retirement Pension: This is a monthly benefit payable to eligible contributors who are 65 years of age or older. Those between 60—64 years may receive a reduced benefit while working part- time or have completely stopped working. This benefit continues if a recipient returns to work at a later date. Once in receipt of a retirement pension, contributions to the Canada Pension Plan stop. At 65 years, a person does not need to stop work to receive these retirement pension benefits.

Disability Pension: This is a monthly benefit payable to eligible contributors who have a severe and prolonged disability (according to the terms of CPP legislation), who are under the age of 65, and who have made sufficient contributions to the plan. The Disability Pension includes benefits for dependent children of disabled contributors.

Surviving Spouses' Benefit: This is a monthly pension paid to the spouse of a deceased contributor, if that contributor made sufficient contributions to the plan. The amount of the pension is determined by the deceased's contributions to the plan, the age of the surviving spouse at the time of death, whether there are dependent children or the surviving spouse is disabled. "Spouse" in this legislation includes both legal and common-law partners.

Death Benefit: This is a lump-sum benefit paid to the estate of the deceased contributor, if contributions were made to the plan for a minimum qualifying period.

Childrens' Benefit: This benefit is paid on behalf of the dependent children of a deceased contributor, if the contributions have been made for a minimum qualifying period. This is a flat-rate benefit.[8]

Canada Pension Plan records individual "pensionable" earnings and contributions paid over the years. These are called pension credits. Pension credits accumulate with continued payments into the CPP. When a person applies for a credit, these credits are used to calculate entitlements. As a rule, the more credits a person has, the higher the CPP benefits will be.

"The CPP recognizes that in a legal marriage or common-law relation, both spouses share in the building of their assets and entitlements. When the relationship ends, the CPP pension credits built up during the time they lived together can be divided equally between them. This division is called 'credit splitting.'"[9]

The rules for credit splitting have changed over the years. Prior to January 1, 1978, credit splitting did not exist. From January 1, 1978, to December 31, 1986, credit splitting was available for legal marriages only and in cases of divorce and annulment. On January 1, 1986, separation was included for credit splitting as well as heterosexual common-law relationships. Since July 31, 2000, "same-sex former common-law partners may be eligible for credit splitting which is the division of pension credits after separation."[10]

For specifics relating to personal circumstances, it is essential to seek advice from a local Human Resources Development Canada counsellor.

In 1988, Aboriginal people earning income on reserves were allowed to contribute to the Canada Pension Plan and receive benefits from it for the first time.

There were serious concerns about how the established programs could be continued or maintained. There was a larger proportion of seniors in our population than ever before because of increasing life expectancy. At the same time, the number of those contributing to the Canada Pension Plan was decreasing. In response to the concerns that the funds would be exhausted in the foreseeable future, the Government of Canada and the provinces agreed to the following changes in the CPP in 1998: the contribution rates were increased and legislation changes were designed to sustain CPP because of the increasing number of elderly, especially the baby boomers. A CPP Investment Board was established. After current pensions are paid, the Board invests the excess cash into financial markets. The projected investment of funds by the year 2010 is expected to be around $150 billion.

The disparity between the payments of CPP benefits by gender and age is significant. For example, the average monthly retirement pension paid by the Canada Pension Plan in January 1999 between men and women by age group were:

Age	**Men**	**Women**	**Difference**
60—64	461	272	189
65—69	533	299	234
70—74	548	305	243
75—79	572	321	251
80—84	475	287	188
85+	368	235	133 [11]

So far this chapter has considered only the public-sponsored retirement programs. In addition to these, there are a number of personal financial plans through employer pensions and individual plans such as Registered Retirement Savings Plans (RRSPs). The benefits from many of these plans are dependent solely on the contributions. High-paid employees are the main beneficiaries of private retirement programs. RRSPs provide a tax break for wealthy Canadians and offer little or no financial security for poor Canadians.

One of the four topics discussed at the National Pension Conference in Ottawa in 1981 was Women and Pensions. In spite of all the advances we have made in our Income Security System, the problem of the feminization of poverty—particularly retired women—still remains. Any future changes to our retirement income system must take the following factors into consideration to help address this gender inequality:

- women's earnings are lower than men's
- women are less able to participate in private savings schemes and less able to accumulate their own savings for retirement
- their family responsibilities
- the way they combine paid and unpaid work during their lifetime
- women generally live longer than men and will spend close to one quarter of their lives in old age
- most women are left on their own eventually[12]

The average annual income for all full-time female workers in Canada for 2001 was $34,642 and for males it was $49,198. Females with university degrees earned $48,257 and males earned $71, 957.[13]

A growing number of men and women are employed on either a part-time basis or temporary contracts in which there are no provisions for pension contributions and pension entitlement. This method of evading responsibility for assisting the employee to build up a pension over years of employment has become a scandalous feature of current employment policy.

The number of women in part-time employment far exceeds the number of men and adds to the vulnerability of women reaching the ages of 55, 60, and 65 without pension eligibility. This adverse economic policy is motivated by the profit motive and greed by far too many employers. Governments endorse this as well by "sourcing out" or contracting job responsibilities.

Minimum wage does not permit an individual to make sufficient contributions to the development of an adequate retirement savings plan. A very large number of women are employed at minimum wage and they are unable to take advantage of the benefits of a retirement savings plan. Poverty is thus more serious among older females and there are few, if any, formal structures to bring this defect in our income security legislation to the attention of the general public.

The Registered Retirement Savings Plan is being steadily improved to permit larger contributions. Unfortunately there is a parallel here to what happened prior to the introduction of the old age pension when the annuity program failed because far too many Canadians were unable to make the necessary contributions. In this case a large number of women in the workforce are unable to make the contributions to the RRSP and thus they join the ranks of the poor when their working days are over.

In the C.D. Howe Institute *Backgrounder: New Poverty Traps: Means-Testing and Modest-Income Seniors* Richard Shillington states how terrible an investment RRSPs are for lower income seniors. He states

> *"Only slowly and with difficulty is the word seeping out that RRSPs are poor savings vehicle for the GIS-destined. That RRSPs are a poor investment vehicle runs contrary to the monolithic financial advice that they are good for everyone... Assisting lower-income Canadians appeals only to the charitable notion of public policy. Only when more Canadians are aware of the perverse treatment of lower-income Canadians' savings will Ottawa be forced to develop savings mechanisms that reward, rather than punish, those saving efforts."*[14]

In her book *Pensions Under Attack*, Monica Townson cautions us about:

> *"Those who want to replace the CPP with a system of individual savings accounts ... represent an attempt to justify reducing the role of government and eliminating collective responsibility of our aging population under the guise of preventing inter-generational*

> *conflict. Many of those who advocate privatization through individual accounts have a thinly-disguised self-interest in the outcome of this debate. They would like to see the mandatory contributions of workers and their employees directed to private financial markets where fees, commissions and other charges can be levied on them— reducing the portion of workers' contributions that can be used to generate a pension."* [15]

Based on the population projections for 2001 from Statistics Canada, it is estimated that there are 3,889,000 persons 65 years of age and older in Canada (1,663,000 males and 2,226,000 females). In April 2004, 1,441,000 or 37.1per cent receive full or partial GIS payments. In effect this means a single person in this category had an income of less than $13,032, not counting OAS, and couples over 65 had a combined income of less than $16,992, excluding OAS. According to Human Resources Development Canada, out of the 126,254 seniors in Nova Scotia receiving Old Age Security in 2002, 55,814 were in receipt of GIS (5,686 full GIS and 50,128 partial GIS). It is estimated that an additional 10,000 Nova Scotians may be eligible for GIS but have never applied for it.[16] These people barely exist with the non-contributory system let alone relying on a private contributory plan.

In addressing some of the concerns relating to seniors' financial needs two of Tony Ianno's 17 recommendations would see an increase in "the Guaranteed Income Supplement to at least reflect wage growth since 1984" and would "enable GIS recipients to earn up to $4,000. per year- from employment with no impact on their GIS benefits."[17]

As Canadians we should be proud that our public pension plans are internationally recognized among the best in the world. However, one of the glaring disparities that must be addressed is the gender gap relating to the contributory aspects of these programs. Pension policies could be used to address the poverty of older women in this category in two ways: by helping women improve their ability to accumulate retirement income throughout their lifetime and by lessening poverty in old age by providing benefits to poor women once they are old.[18]

In the report, *In Her Own Name: Public Pensions* one of the recommendations states

> *"Anti-Poverty measures are one of the governments' public retirement pension policy objectives. To address the dire straits or (sic) elderly women with the lowest incomes: Change the public pension application process so that the Guaranteed Income Supplement becomes automatic upon the receipt of the Old Age Security. The information to make this change possible already exists in the Income Tax system's interface with Public Pensions."*[19]

Perhaps the most expedient and administratively efficient manner to improve this situation is to establish a realistic, adequate Guaranteed Annual Income (GAI) for all persons 65 years of age and older that would combine the Old Age Security with an adjusted Guaranteed Income Supplement to meet the aforementioned Guaranteed Annual Income.

Obviously as long as retirement income is directly related to earnings, then income will be insufficient to cover the needs related to retirement and old age. It seems to be unlikely that the disparity in incomes between men and women will change in the immediate future. Incomes for women in the workforce are increasing but there continues to be a major difference generally between income for women in the workforce and that of men.

d. Recollections of Max MacLeod—An Old Age Pension Inspector

To the best of my knowledge, the only surviving member of the Old Age

Pension field staff, appointed by the Welfare Division of the Department of Public Health in 1933, is Max MacLeod who is now living in Halifax, but investigated pension applications in Pictou County. All the other old age inspectors or welfare workers have passed on.

We asked Max to write about these early days and his comments follow. The dole to which he refers was poor relief paid under the *Poor Relief Act of Nova Scotia* from the local government. In Max MacLeod's case that would be the Municipality of Pictou, the towns of Pictou, Trenton, New Glasgow, Stellarton, and Westville.

"Pictou County stretches from the rolling pastures of Bailey's Brook to the towering hemlocks of Trafalgar. Three rivers wander across its face.

It was to this virgin land that the settlers came in the early 1700s to hew out a new life in a new land. Farming, fishing, and lumbering gradually spawned shipbuilding, mining, and manufacturing. Thriving villages and bustling towns sprang up. Prosperity reigned. Then, economic depression struck. Disappearing markets and dwindling employment opportunities sowed hardship. Families were forced to turn to friends, neighbours, and the state for help. Relief, known as the dole, came from civic authorities where possible, passed out in the form of grocery orders for the bare necessities.

In 1933, government introduced a pension for the elderly of $20 a month. Here was a guarantee of ready cash, albeit little from today's perspective, which proved to be a present help in time of need, not for the recipient alone, but for the entire household, most of whom, living off the land as they were, had little actual money. But it was more than monetary. There was the human value. There was that sense of dignity, feeling of independence lost when forced to rely upon others. At the same time, I have seen as recent as the 1950s something of the 'bred in the bone' of these people, some of whom refused to take the pension. I recall an incident where a lady who was receiving a pension of $40 a month, brought me an old black purse crammed with uncashed cheques. How she qualified in the first place I don't know, but she insisted that she didn't want it, didn't need it and simply 'would never take a pension.'

As a teenager, I remember the pleasure my own grandmother had in her late 80s when she could join an old friend and totter off downtown, supporting each other as they went, black shawls flying, to an old-fashioned ice cream parlour (the ones with the wire back chairs and circular tables) to enjoy an ice cream.

This was independence, a simple pleasure rarely enjoyed before she got the pension.

Regrettably, the advent of the pension had its darker side too. Unscrupulous people, including next of kin, were known to 'control' the money, depriving the rightful recipient of its benefits. Tales of dishonest lawyers charging pensioners as much as half of the money in excessive fees were not uncommon. However, in an imperfect world, such misdeeds may be expected.

The introduction of the pension for the elderly was one of the first steps toward a more caring society. After all, is not the welfare of the people the first responsibility of government?"

Max McLeod goes on to list humourous experiences he had during his work as an old age pension investigator:

> *"I saw a lady reach up behind her chair and pull $9,000 worth of bonds from behind an old painting. She did that after telling her old doddering husband to leave the room.*
>
> *One man in Londonderry watched me climb up over a hill to his house with a rifle leveled at me. He thought I was the tax collector.*
>
> *One fellow away back somewhere ate nothing but pablum.*
>
> *I went into a house where an old lady lived with 24 cats.*

I asked a lady in River John, who was 91, if there were any other pensioners nearby. She said, 'Oh yes, my son. Come here, John, Mr. MacLeod wants to talk to you.'

I actually interviewed a woman at her kitchen table with a corpse in an open casket on the other side of the room. The woman explained that she was from the district, died from away and there was no other room in which to place the corpse for viewing!

I lost an application in my desk (my office in my home at the time). When I came across it, I rushed out to Louisville. When I drove into the barnyard, he was leaning against an old wagon chewing tobacco. 'Well, Mr. Tattrie,' I said, 'I suppose you thought I was never coming.' 'No, young fella,' he said, 'but I reckoned you weren't a'hurryin!'"

Chapter 2

The Seniors' Movement

a. Seniors' Clubs, Councils, and Grass Root Movements

In his book *Canada's Fighting Seniors*, the late C.G. (Giff) Gifford writes about the emergence of seniors' advocacy groups and gives a detailed account of the formation and co-ordination of the most influential seniors' organizations in Canada. The first group of seniors' clubs to form a federation was the British Columbia Old Age Pensioners' Organization (OAPO) in 1932. This is "the first federation of community-based seniors' groups to be formed anywhere (in Canada). An Alberta Federation followed in 1935."[1] Saskatchewan was next with the creation of the Saskatchewan Federation of Pensioners and Senior Citizens in 1942. Similar to other federations, the Saskatchewan Federation consisted of representatives of the pensioners' clubs in that province. In 1945, Nathan Medd from Saskatchewan created the National Pensioners and Senior Citizens Federation (NPSCF) with support from British Columbia and Alberta. He was the president of this group from 1945 until 1970 and strengthened the group through federations formed in Manitoba, Ontario, and Cape Breton, Nova Scotia.

Services by seniors and for seniors were developed slowly and cautiously at first, reflecting their attitudes of passivity, compliance and gratitude. The most discernible movement on behalf of seniors in Nova Scotia began in the post-war years at the same time as Canada's social welfare programs were coming into being. Seniors throughout the province came together in small groups to discuss their needs and problems and what might be done to improve the quality of life for them. These organized social groups became known as senior citizens' clubs; their growth was sporadic and uneven and depended entirely on the local initiative of individual seniors. Their greatest stimulus was the development of the Federal New Horizons Program, which gave small amounts of money to provide the necessary support services needed in any active organization. The clubs had organized councils that, in practical terms, voiced the opinions and views of the growing seniors' movement.

The marches and protests of the 60s and 70s provided a model for many seniors as they assumed more active roles. Previously social activism by seniors was almost unknown but now it became an effective tool to influence change. It gave rise to such groups as the Grey Panthers and the Raging Grannies.

In the mid 1970s seniors' social clubs existed in many communities throughout Canada. In Nova Scotia in 1975, there were 92 clubs,[2] in 1983 there were 203[3], and currently there are 232[4]. At first they functioned in isolation. However, through the efforts of their leaders, federations of these social clubs were formed into 19 seniors' councils throughout Nova Scotia and collectively they became very influential on government decision making and the formulation of government policies. Seniors are consumers and voters and, as such, they began to appreciate their power and influence concerning their own destiny and the relevant services required to meet their needs.

b. Canadian Pensioners Concerned

Canadian Pensioners Concerned (CPC) was organized in Nova Scotia in 1971. At that time I (Bob Haley)was working with Municipal Social Services, Department of Social Services, and actively involved with a number of seniors' groups.

One of the major concerns for seniors in the late 60s and throughout the 70s was their decreasing purchasing power. This was particularly true for seniors who retired before pensions were indexed: they were living on fixed incomes in a time of double-digit inflation. One person who was experiencing this in Toronto was Corabel Penfold. She had retired on a fixed income and her ability to cope financially was becoming increasingly difficult. In 1969 she contacted a number of her retired friends. They, too, were facing the same problem. Several had to supplement their living expenses by using their savings in order to make ends meet. Out of their subsequent meetings and research, Canadian Pensioners Concerned was founded and incorporated. With the help of grants from the Anglican Church of Canada, the United Church of Canada, the Secretary of State, and National Health and Welfare, Corabel Penfold and Reginald Watson travelled across Canada organizing senior citizens' action groups. The first branches were established in Toronto, Hamilton, and Sarnia in Ontario, and Edmonton, Alberta.

Edith Harvie

Edith Harvie of Halifax learned about CPC from her daughter in Toronto who sent her newspaper clippings.

She requested information from Ms. Penfold. This she received in October 1970 but did not read it until January 1971. She discovered Ms. Penfold wanted to come to Nova Scotia and Edith was shocked when she learned that she was expected to arrange radio and television appearances and organize founding meetings for CPC in the Halifax region. She did not know what to do or where to start. She had been given my name as someone involved with the elderly. She called and explained her plight. I went to my Deputy Minister, F.R. MacKinnon, who encouraged me to do whatever I could to help this group get underway.

Corabel and Reg arrived in Halifax. Interviews had been arranged with the local media and meetings planned. And then it snowed, rained, and froze! The four of us were scurrying throughout the Metro Halifax area for appointments and meetings in slush over our boots. We arrived at one meeting that was set for 250 people. Nineteen were in attendance! However, this was an eager group and out of this meeting the first branch of CPC in Nova Scotia was established. Three of those in attendance were Hector Betts, Walter Grant, and Gertrude Young who became the president, vice- president, and secretary respectively. Edith Harvie became the provincial co-ordinator.

Corabel and Reg had a well-orchestrated, relaxed presentation. They complemented each other and easily engaged their audiences in discussions.

In order for CPC to become a provincial organization, founding meetings outside of the Halifax region had to be held. When it was decided that Cape Breton was a vital link in any provincial organization, we realized arrangements could be made only for Corabel because of CPC's limited funds. Having watched Corabel and Reg, it was obvious that their joint presentation was essential. I saw Dr. MacKinnon and explained their dilemma. He asked me to leave it with him. That same day Honourable Allen Sullivan, our Minister, gave Dr. MacKinnon permission for our department to cover the flight cost and related expenses for Reg to accompany Corabel to Sydney. They were well received in Cape Breton and a branch of the CPC was established as a result of their efforts.

CPC was established as a non-profit, non-partisan, non-sectarian organization consisting of retirees volunteering to improve the quality of life for older Canadians. It has and still deals with local, provincial, and national concerns.

Initially Canadian Pensioners Concerned formed branches throughout the province to mobilize letter-writing campaigns. The Letter Brigades were encouraged to be non-critical but to tell their own stories and express their concerns. Two issues were of particular concern to retirees at this time: the cost of drugs and problems related to inflation. Both of these had provincial and national implications. In Nova Scotia, CPC prepared a brochure about these concerns and raised enough money to have 250,000 of these printed. They were included in the Maritime Tel and Tel (now Aliant) telephone bills. The response was remarkable. CPC alone received over 1,000 letters, which were sent to the appropriate politicians. I received a call from a colleague in Ottawa asking, "What in hell is going on in Nova Scotia? The people down there have gone crazy sending us letters." This approach worked and was used many times to gain support for other causes.

CPC has always supported other organizations advocating on behalf of retirees. CPC and the Federation of Senior Citizens and Pensioners have done this on a number of occasions. An example of this was when de-indexing of Old Age Security was proposed. One of the main reasons why Canadian Pensioners Concerned was established here in 1971 was due to increasing inflation and the decreasing purchasing power of retirees on fixed incomes. The politicians in Ottawa were obviously listening because full annual cost-of-living indexation was introduced in an amendment in the *Old Age Security Act* of 1972 and quarterly indexation in 1973.

To mark the 10th anniversary of the Halifax Chapter, Canadian Pensioners Concerned established the Honourable Elder Awards on March 13, 1981. Fred MacKinnon and Bob Haley were two of the first recipients of this award because of their initial efforts and continued support of this advocacy group.

CPC does not work in isolation; it is affiliated with other organizations. In co-operation with eight other organizations, CPC in Nova Scotia is part of what is called the Group of IX. The other members are: Canada's Association for the Fifty-Plus (CARP), Federal Superannuates National Association, Federation of Senior Citizens and Pensioners, Gerontology Association of Nova Scotia, NS Government Retired Employees Association, Regroupement des Aînées et Aînés de la Nouvelle-Écosse, Retired Teachers Association of Nova Scotia, and the Royal Canadian Legion, NS /Nunavut Command.

In 1985, the federal Conservative government proposed a cut-back to the indexation of old age pensions that was established in the early 70s. CPC and the Federation coalesced with similar organizations. Protests were held nation-wide. There were numerous demonstrations. Letters and telegrams flooded Parliament. Seniors' groups were joined by many others sympathetic to their cause. Within weeks the government, notwithstanding the fact it had an overwhelming majority of members, dropped this proposal. It experienced the full force of our seniors united to support a common cause.

The goals of CPCNS include

- promoting a positive attitude to aging by encouraging older persons to remain active through community involvement
- valuing volunteer activity, by recognizing its professional input, experience, participation and excellence
- supporting participation in and contributions to meetings, conferences, and workshops on topics of interest and concern to older citizens
- encouraging and motivating older citizens to communicate their opinions and concerns

- educating older citizens about the needs, services, and activities that affect their well being
- providing a vehicle through which information that affects the welfare of older citizens and people of all ages can be obtained and exchanged permitting its members to function in advisory, educational, and investigational capacities
- researching and producing publications dealing with topics and concerns of interest to the aging population[5]

A list of the presidents of CPCNS can be found in Appendix A.

CPC has existed for 33 years in Nova Scotia and continues to thrive as a "non-profit, volunteer, intergenerational advocacy organization. Networking with the Secretariat and the above groups, CPC promotes concerns of seniors in the areas of travel, home care, long-term care, elder abuse, justice, health, multiculturalism, and housing."[6] It opened a Walk-In Information Centre for seniors in November 1990. It has a large collection of resource materials on a wide range of topics of interest to seniors and their families.

Joan Lay, Coordinator
Canadian Pensioners
Concerned NS

CPC is very active in advocacy, projects, research, and publications. The Seniors' Universal Safety Net, sponsored by Canadian Pensioners Concerned NS, is comprised of three individual but related programs aimed at the safety and well being of seniors.

1. *ABC's of Fraud*—The Scotiabank Fraud Awareness Program: *ABC's of Fraud* is an innovative fraud prevention and education

program that gives seniors the skills and information they need to identify and avoid consumer fraud. Using a "seniors helping seniors" approach, older adult volunteers deliver interactive presentations using skits and other props.

In Canada, seniors over 60 represent 77 per cent of the telemarketing fraud victims who sent money to con artists in 1997. Currently the most prevalent frauds include phoney surveys, bogus charities, telemarketing, door-to door scams and home repair swindles. Audiences learn which scams are most common in their area, how to identify a potential fraud or scam, how to avoid becoming a victim of a con artist and who to contact if they have questions or concerns.

In Nova Scotia, ABC's of Fraud is co-ordinated by Canadian Pensioners Concerned NS with funding from Scotiabank through the Volunteer Resource Centre of Toronto.

2. *Money Matters*: also through the Canadian Pensioners Concerned NS, Seniors' Universal Safety Net, is the program *Money Matters*. This program was developed by the British Columbia Coalition to Eliminate Abuse of Seniors and focuses on various aspects of financial abuse. *Money Matters* is an hour-long presentation put on by adult volunteers. This free program is designed to help seniors protect their money and stay in control of their finances. One in every 12 seniors experiences some form of financial abuse. This program enables seniors to learn how to protect their money, property and independence.

3. *Home & Personal Safety*: the third component making up the Seniors' Universal Safety Net is *Home and Personal Safety*. This program is presented in partnership with the HRM Police Department. Through this presentation, seniors become aware of

things they can do to protect themselves at home, in their car, and on the street. It demonstrates how seniors can prevent crimes in their homes by using locks, doors and windows, lighting, and landscaping. Criminals often see seniors as easy targets. Seniors have to learn to become a tough target!

Canadian Pensioners Concerned NS remains a broad-based advocacy group focusing on many issues and concerns related to pensioners and the elderly generally. One of the current issues is the whole area of the cost of insurance for the elderly.

c. The Federation of Senior Citizens and Pensioners of Nova Scotia

The Federation of Senior Citizens and Pensioners of Nova Scotia was organized at a meeting held on August 5,1973, in Truro with 35 delegates in attendance. They were representing seniors' groups from the following 13 communities: Antigonish, Bridgewater, Cumberland, Dominion, Glace Bay, New Waterford, North Shore, Pictou, Reserve Mines, Springhill, Stellarton, Sydney Mines, and Truro. Also in attendance were Jack Lerette, President of the National Pensioners and Senior Citizens Federation, Toronto; Mr. Murphy, Canadian Labour Congress, Moncton, and Dan J. MacDonald, President of the Cape Breton Council of Pensioners and Senior Citizens.

Fred Wildsmith

Fred Wildsmith of Port Hawkesbury was a pioneer in the seniors' movement in Nova Scotia and became active in the Federation in 1974. From 1974 until 1982, he was the president of the Federation of Senior

Citizens and Pensioners in Nova Scotia and first vice-president of the National Federation from 1982 until 1986.

Bertha Frison was another noteworthy pioneer in the development of the Federation.

Bertha served as the president and secretary of the Reserve Mines Senior Citizens and Pensioners, secretary of the Cape Breton Council of Senior Citizens and Pensioners, and for 23 years she served as secretary to the Federation of Senior Citizens and Pensioners of Nova Scotia. On the national level, she was, for many years, the secretary and vice-president of the National Pensioners and Senior Citizens Federation. She was made a charter member of all four groups.

Birtha Frison

The Federation is a democratic, non-political, non-sectarian organization composed of senior citizens' clubs and councils throughout Nova Scotia. It has an elected Executive Committee comprised of the past president, president, 1st, 2nd and 3rd vice-presidents, secretary and treasurer and an additional five regional representatives. They fulfill the following objectives on behalf of their members:

- to present the image of active senior citizens
- to promote a range of services that allows seniors to function and remain in their own homes for as long as possible
- to promote a range and choice of living accommodations when seniors are unable to remain in their own homes
- to obtain adequate income for seniors
- to promote transportation services that are usable and accessible

- to act as an effective voice in making known the needs of older Nova Scotians through affiliation with the National Federation
- to request improvements in social and recreational programs for seniors
- to request adequate medical and drug services for seniors
- to develop a closer relationship with other organizations sharing similar objectives and concerns.[7]

In addition to the Executive Committee, 12 zone representatives from across the province are elected to run this organization. A list of the presidents of the Federation is found in Appendix B.

A yearly Federation convention is held each May in Truro. Three voting delegates represent each club. Prior to the convention, resolutions are requested from all the membership clubs. These resolutions are debated at the convention. The resolutions are compiled into a brief to address the issues and concerns expressed on behalf of seniors and referred to the appropriate authorities. Because the Nova Scotia Federation is a member of the National Pensioners and Senior Citizens Federation, they in turn look after any concerns pertaining to national issues and the federal government.

A meeting with representatives from the Federation was held on April 9, 2003. It was with great pride that those present related how their organization has been able to maintain its grassroots involvement for 20 years. This has been achieved in a number of ways:

- by having voting delegates from each club in Nova Scotia attend the annual meetings
- by having zone representatives on the board of directors
- by publishing a newsletter

At that time their15th newsletter was in print. The purpose of the newsletter is to keep the members informed on the issues and reports dealt with by the executive, to disseminate information to the local level from the national organization, and to provide a list of the executive, board, and zone representatives so members know who to contact about any concerns they may have.

Some of the issues addressed by the Federation include

- problems with various modes of technology, e.g., telephone menus, computers
- no increases in OAS, GIS and CPP to offset cost increases in fuel and taxes
- the need for women to get special consideration because they could not contribute sufficiently to pension plans to obtain the same benefits as men
- the frustration experienced by constantly making presentations to express concerns but seeing no results

As one member of the Group of IX, the Federation has been involved in a number of important issues, e.g., Pharmacare, Single Entry for Home Care, Seniors and Technology.

Another significant achievement is the "Seniors' Prayer," which was written by Linden Crowdis Wildsmith while a member of the Federation. This has been adopted by the local, provincial, and national organizations and is read at all meetings and conventions.

Seniors' Prayer

Our Heavenly Father, we come to thee and ask that thou will guide and direct us in this, our meeting.

Grant, O Lord, that all our decisions may be made with good judgement and with fairness to all concerned.

Dispel any dissension or discord that might arise, and if we are the minority, give us wisdom and courage to accept it gracefully.

Grant that we may have the initiative and will to work together for the good of our Club and our community.

Help us to give a kindly word and friendly smile to those less fortunate than we, and may we never be hasty in judgement and always forgiving, seeing our own faults before seeing the faults of others.

Bless all our Senior Citizens and Pensioners through this great land, heal the sick, watch over the lonely; and give rest to the weary and heavy laden.

We thank thee, Lord, for the health, the strength, and privilege of being able to meet here and work together for the betterment of mankind.

All these things we ask in thy Name.

Amen.

Edda Ferguson was very helpful in providing details about the Federation. She is from Sydney but now lives in Truro. She has been the secretary for the provincial Federation for the past nine years. She dedicates much of her time to the activities and work of this organization. She enjoys her contact with many seniors across Nova Scotia and Canada and is also the 2nd vice-president of the National Federation of Pensioners and Senior Citizens Federation.

In just 30 years, the Federation has come to represent over 5,000 members throughout Nova Scotia.

d. New Horizons Program

In July 1972, Health and Welfare Canada announced the establishment of a program called New Horizons. On Labour Day weekend in September 1972, Honourable John Munroe, Minister of Health and Welfare, met with over 200 seniors at Northwood Manor in Halifax. He described the proposed program and the benefits it would have for seniors. On September 18, 1972, New Horizons became operational with a $10 million annual budget. By 1973, eight regional offices were established throughout Canada.

New Horizons was formed to provide funds to help seniors work together in group activities they organized. The main purpose of these activities was to give seniors opportunities to interact with one another and thereby deal with the isolation and loneliness so prevalent in this age group. By working together and sharing their experiences with one another, seniors found they had much in common. They not only gained inner strength but became empowered by the mutual support they experienced. These funds allowed scores of senior citizen groups, clubs, and organizations to develop and flourish throughout Nova Scotia and elsewhere in Canada. The programs they established were theirs and the services provided were relevant to their particular needs.

To qualify for New Horizons funding non-profit groups had to have 10 directors, 3 of whom were signing officers, and at least 70 per cent of the group and board members had to be 60 years of age or older and retired. The members had to be Canadian citizens or landed immigrants and demonstrate competence in running their own programs.[8]

The New Horizons program was a tremendous help to retired Nova Scotians and seniors in general. Our provincial government did not offer help for these services and there were no other funds available to finance small projects that might be beneficial to seniors. Nothing existed in Canada or in any other countries to guide our government in designing this program. Public meetings were held from coast to coast. These gave seniors and representatives from their organizations chances to have a say about the design of this program. These consultations provided the relevant information that made New Horizons an overwhelming success.

Requests for funds were usually started by a small group of seniors who decided they should form a club. To increase membership, there had to be some incentive and a noon or evening meal did much to draw in new members. A meeting location had to be found and paid for; dishes had to be bought if meals were to be served. This one activity provided the opportunities for clubs to be formed and the members to join one another to formulate aims and objectives. The members in these clubs quickly identified what they required, the skills and resources needed to achieve their objectives, and through their co-operative efforts they emerged as leaders in the problem-solving process. In addition to building a seniors' community, these clubs and organizations resulted in many other positive spin-offs, such as

- decreasing isolation by helping people overcome barriers, setting up visiting programs, generating community activities, and provid-

ing transportation

- educating the public and seniors about the aging process and the positive side of aging
- involving seniors in health, fitness, and nutrition programs
- providing meal programs: Wheels-to-Meals, Meals-on-Wheels, Seniors Serving Seniors
- training seniors and giving them the chance and support to take on leadership roles
- setting up projects that involve seniors of all ages.[9]

Usually projects were funded for 18 months and at the half-way point, groups were required to submit reports on the expenses, activities, participants, and future directions. Under special circumstances additional funds could be granted. These funds were usually required when there were more than the anticipated participants involved, or in situations where groups were unable to fund projects on their own.

The purposes for requesting funds changed over the 25-year span of New Horizons. Generally there were three types of projects funded by New Horizons. At first, seniors applied for funds to form social clubs that were for self-entertainment. The benefits from these went beyond the participants and had a positive impact on the community at large. Projects emphasizing self-betterment were the second wave. The seniors planned activities that allowed them to maintain and improve their physical and mental abilities and develop new knowledge and skills. Some of their activities included crafts, hobbies, sports, fitness, social activities, and the resumption of formal education.

The third area of funding was the establishment of services by seniors for seniors. The projects were diverse and included: Meals-on-Wheels, Wheels-to-Meals, skills exchange programs, information services, leadership training, and the formation of senior citizens' organizations.

New Horizons accomplished far more than its original intention of alleviating the loneliness of seniors. It became the spark or the rallying point around which seniors demonstrated their keenness to continue to learn, be actively involved, productive and creative even during retirement. Those involved in New Horizons grew by leaps and bounds.

New Horizons was an outstanding success. During its first decade, 1972 to 1982, "an estimated 8,000 groups have undertaken more than 16,000 projects. These groups represent approximately one-third of Canada's retired population of 2.3 million."[10]

By examining the New Horizons funding in Nova Scotia for the five-year period between 1986—1991, it was found that the average grant was approximately $6,300, whereas individual grants ranged between $1,000 and $46,300. The projects were diverse, ranging from the funding of clubs and activity programs and into the following areas:

- **health related** projects: organizing a support group for retirees with colostomies and ileostomies, conducting seminars on better hearing, helping Parkinson's disease patients by establishing programs in nursing homes and homes for the aged.
- promoting **cultural** projects: helping to create clubs for Dutch-Canadian and Italian-Canadian residents, developing historic societies, arranging heritage displays, and producing the song book entitled *Nova Scotia Seniors In Song*, printed in English, French, Gaelic, and Mi'kmaq.
- **military** focus: establishing associations for war brides and veterans, and support for Veterans for Multilateral Nuclear Disarmament.
- **educational** projects: workshops teaching leadership development, how to conduct productive meetings, and the proper use of parliamentary procedures; broadcasting clubs; skills development

in arts and crafts; and engaging guest lecturers on a wide variety of topics chosen by the seniors themselves.

To appreciate the scope of the funding for New Horizons, one may look at the budget for 1985—86. In that year alone the national approval was $13,371,000 and the allocated budget for Nova Scotia was $526,817.

Over the life of the program, Health Canada funded approximately 40,000 community projects for seniors under the New Horizons Program. It has served and still serves as a model for other countries and the positive effects of this program will continue throughout Canada for many years to come.

Nova Scotia was fortunate in having Patricia Tompkins, Kevin Ryan, Roy Comeau, and Irene Rose as staff who were in charge of New Horizons in Nova Scotia. Nova Scotia seniors are grateful to these four officials for the outstanding support they afforded in empowering seniors in Nova Scotia.

Viewing the New Horizons Program from a cost point of view and what was accomplished, we must conclude that the overall benefits outweighed the costs. There are few programs in government where the results are out of proportion to the inputs.

Chapter 3

Senior Citizens' Commission, 1972 to 1995

It occurred to me (Fred MacKinnon) in 1971 that there was a need for some type of provincial organization to concern itself primarily with helping the growing seniors movement. I learned that Ontario established such a commission and I recommended to the Minister, the Honourable Alan Sullivan, that we do likewise in Nova Scotia. In the spring of 1972, the legislature enacted Chapter 16 of the Statutes on Nova Scotia entitled the *Senior Citizens' Social Services Act*. The Commission was empowered to advise the Minister of Social Services about all matters relating to aging and the aged. The mission of the newly formed Commission was to promote understanding and support in respect to all matters about aging through the facilitation of joint planning and co-ordination of effort among community agencies and the relevant government departments.

The functions of the Commission were

- to conduct, direct, and promote fact-finding studies and research related to aging
- to seek out and encourage persons interested in offering voluntary services to citizen groups concerned with aging to promote new activities and social services for senior citizens in all levels of government as may be deemed appropriate
- to review existing legislation and government programs and make recommendations as to how these might be improved so as

to provide more adequate services for senior citizens

- to perform any duties assigned to the Commission by the Governor-in-Council or the Minister of Social Services

I recommended to the Minister that George MacKenzie, a retired senior official from the Department of Education, be appointed chair of the newly formed body. Mr. MacKenzie's appointment was completely non-political and based entirely on his outstanding record while holding a senior position in the Department of Education. Most of the other members of the Commission were recommended to the Minister by members of the legislative assembly on the government's side. There were 14 members who were appointed by the Executive Council for a three-year term.

George W. MacKenzie

The Nova Scotia Senior Citizens' Commission was also known as the Commission on Aging.

The initial members were: George W. MacKenzie, Chair; Reverend Ross MacDonald, Vice-Chair; James Bayer, Allan Clark and Hugh Conrad, representing provincial government departments; and Mercedes D'Entremont, Muriel Henderson, Dan Joe MacEachern, Rachael Marshall, Betty Murphy, Robert Parker, Ella W. Sangster, Dr. S.K. Ummat, Reverend John Webb, and George Zwicker.

One of the first actions taken by the Commission was the appointment of an interdepartmental committee, consisting of representatives from the Departments of Education, Health, Recreation, Housing, and Social

Services to network with seniors' organizations throughout the province and to set up a database about seniors' activities.

James (Kie) MacIsaac, Director of Municipal Social Services, was appointed secretary of the newly formed Commission and held that position until the fall of 1975. He was not replaced because by that time the slowdown in the development of new programs was affecting all branches of the Department's work. This was unfortunate because there was no single senior official in the Department working with the Commission after 1975. In addition to his duties as secretary to the Commission, Mr. MacIsaac served as the secretary to three other committees: the Committee of Health, Education, and Social Services (the HESS Committee), Health and Social Services Committee, and the Housing and Social Services Committee.

The Minister of National Health and Welfare was visiting Nova Scotia in the fall of 1972 to announce the New Horizons Program. That meeting was conducted by the Commission Chair, George MacKenzie.

Several initiatives were undertaken by the Commission such as publishing a list of senior citizens' organizations, preparing and publishing a quarterly newsletter, providing information concerning meals-on-wheels, and listing all services for seniors provided by the various departments of government.

The ad hoc interdepartmental committee planned a workshop that was held at Keddy's Motor Inn, Truro, in the spring of 1973. Seniors' organizations could send two delegates; about 165 seniors attended. This workshop was repeated in 1974 at Acadia University and more than 600 seniors registered. Acadia University was most helpful with these meetings, which were continued in 1975 and later. The president of Acadia University, Dr. James Perkins, was president of the Gerontology Association of Nova Scotia (GANS). Dr. Perkins gave outstanding leadership to these meetings.

The Commission held several meetings with senior citizens across the province and identified four of the major issues confronting seniors: housing, transportation, the high cost of drugs and prostheses, and loneliness. The provincial government announced a new Pharmacare plan in 1974 so the Commission concentrated on the other three issues: housing, transportation, and loneliness.

The Commission made several recommendations to the Minister of Social Services about a cost-sharing program with municipalities and developing a transportation system for senior citizens. In regards to housing, the Commission studied the various rehabilitation programs under provincial and federal auspices and advocated that senior citizens be provided the necessary resources to make repairs and renovations to allow them to remain in their own homes. In addition, a task force recommended the development of a comprehensive licensing act to cover all types of facilities providing special and supervisory care for seniors.

Every effort was made to hold Commission meetings throughout the province with such meetings being open to the public. For example, public meetings were held in 1976 in Bridgewater, Halifax, Dartmouth, Stellarton, Truro, and Sydney. The response was most encouraging.

The Commission set up meetings with representatives from the Nova Scotia Housing Commission, Canada Mortgage and Housing Corporation, the Canadian Red Cross, the Federation of Senior Citizens and Pensioners of Nova Scotia, and the provincial Department of Recreation. The needs most frequently brought up were adequate income, adequate living accommodations, transportation specific to seniors' needs, improved health services, improved quality of life for seniors in facilities such as nursing homes and homes for the aged, educational and recreational programs designed specifically for seniors, home care programs, suitable accommodations for seniors' club meetings, training for those who work with seniors, and pre-retirement planning.

The nature of old age is such that leisure time activities tend to become fewer as one grows older. One exception to this is music, especially singing. Singsong sessions occupied an important place in seniors' meetings and get-togethers in the 70s and 80s. Generally speaking, individual talent and a singer leading a singsong is always available in a group of seniors. The history of the development of seniors' clubs throughout the province amply demonstrated this fact. Very often songbooks, music, and the words of songs were unavailable. The Senior Citizens' Commission became aware of this need in 1974 and a committee was formed under the direction of Leon Iverson from Lunenburg to produce a new songbook for seniors' clubs. An Atlantic Canada committee was formed consisting of the following: Sister Mary Clare, Secretary, Halifax; T.C. Sommerville, Treasurer, Halifax; Gladys Beairsto, Halifax; Sister Jean Chisholm, Antigonish; Cyril Cornick, St. John's, NF.; Dr. A.J. Ebbutt, Halifax; Mrs. Milton Gregg, Fredericton, NB; H.S. Harris, Halifax; Noah Heinish, Halifax; Mrs. H.D. Land, Sydney; Rev. M.C.P. MacIntosh, Halifax; R.F. MacLeod, St. John's, NF.; John H. MacKenzie, Halifax; J.A. Murphy, Charlottetown, PE; Dr. M.- Adélard Savoie, Dieppe, NB and Mrs. T.C. Sommerville, Halifax.

The committee recommended the contents of a new songbook, which was then compiled by Mrs. Hester Miller. It was printed in English and French. The songbook, *Atlantic Canada Sings*, consisted of lyrics and musical notes. This initiative was an outstanding success and this songbook was one of the best of its kind available to senior citizens' clubs. This was funded through a New Horizons grant.

In co-operation with the Federation of Senior Citizens and Pensioners, and the Associated Homes for Special Care, the Commission sponsored a "Senior Citizens' Week." The Minister of Social Services requested the 66 municipal councils declare a "Senior Citizens' Week" in their communities and suggested individuals, business firms, organizations, and the media should be invited to help carry out projects and activities emphasizing seniors' involvement.

In January 1976, the Commission started discussions with Dr. Sam York from Dalhousie Medical School. Up to that time the Medical Society, and physicians generally, had not given much consideration to the growing field of gerontology and the specific medical needs of the aging and the aged. Subsequently, the Commission decided to offer financial help for refresher courses on geriatrics to be planned and conducted through Continuing Education at Dalhousie Medical School. This was well received.

At this time two events were having a profound effect on program planning and social policy in the field of aging and the aged. The first was the rapidly increasing number of older persons, especially the very old. Seniors were living longer because of improved living conditions and advances in the field of medicine. This longevity placed increasing demands on services that were not keeping pace with the growing needs. The other change taking place across Canada was the need for more highly trained and educated personnel in this new field of gerontology. These two events emphasized the necessity for a new organization to address the co-ordinated needs of seniors throughout the province. The Gerontology Association of Nova Scotia was organized to address these issues. The Association was founded in 1977.

In 1977, the Commission appointed a committee to examine and report on the needs of seniors in the field of housing. A wide range of recommendations resulted and were aimed at improving housing for seniors. For example, many seniors were reluctant to leave their homes to move into modern housing facilities. In such cases it was recommended that more emphasis be placed on seniors living in their own homes and communities. This resulted in three types of help: financial assistance for home repair and maintenance, relief from increasing taxation, and assistance in paying the exorbitant increases in the costs for fuel and electricity.

A Special Senate Committee was appointed in 1978 to study the policies on retirement age in Canada. Senator David Croll chaired that committee. Dr. John Wickwire was Chair of the Senior Citizens' Commission at the time and a report was prepared for the Honourable Jack MacIsaac, Minister of Social Services. Dr. Wickwire attended a Senate hearing in March 1979 and was accompanied by F.R. MacKinnon. The report was presented at that hearing.

For the next several years, the Commission studied the growing needs of the elderly and grew increasingly aware of the number of unsolved problems seniors faced. The Commission continued to arrange public meetings and the issues brought forward were a repetition of those already considered but not acted upon. It seemed that many more individuals and organizations had taken an interest in senior citizens, but the problems continued to escalate. There were limited resources to provide the required services and this resulted in a growing frustration for the Commission. The 80s were overshadowed by budget cutbacks. The Commission reports for these years provide a litany of special unmet needs with the federal or provincial governments taking very little action to improve the conditions.

In May 1982, the Senior Citizens' Commission decided to study the issues arising out of retirement age. The terms of reference stated that the study would include identification of and comments on

- the existing laws and practices, both mandatory and other, affecting retirement ages for Nova Scotians; problems arising from current retirement age policy and practices; and options open to government and the private sector in addressing questions and concerns

- existing retirement age determination in other cultures and countries and, so far as is practicable, changes being considered by them; problems and strengths associated with their policies and practices, and the isolation of those components of retirement age policies and practices in other cultures and countries that would appear to address the concerns and interests of retiring Nova Scotians
- any changes to be recommended in existing laws affecting retirement ages for Nova Scotians
- the impact of any changes proposed by the study on individual Nova Scotians, including near- and long-term financial impacts, and the social, financial, and service implications on social programs in Nova Scotia
- to make recommendations to the Social Development Board of the Policy Board through the Minister of Social Services

Although this examination of retirement age was not exhaustive, the Nova Scotia Senior Citizens' Commission attempted to study the issues from as broad a perspective as possible. In doing so, the Commission reached some general conclusions and a philosophical point of view upon which recommendations were put forward.

There was no law of general application in Nova Scotia, or Canada, requiring people to retire at age 65. Rather, collective agreements, employer policies, and convention gave rise to age 65 as the "normal" age of retirement. The employer could provide an option to extend retirement, sometimes to ages 70 and 71.

Attitude surveys have shown that more older workers and retirees indicate a preference for early over late retirement. The same can be said for the general population.

Two major factors, health and pension coverage, influence the actual decision a worker makes concerning retirement. The single most common reason for retirement in Canada is poor health. On the other hand, inadequate pension coverage is a leading reason for workers to continue employment beyond age 65. Although layoffs play a lesser role in determining the time of retirement, 10 per cent of the men retiring before age 60 cited this as the reason.

In summation, the Commission reached the following conclusions regarding retirement:

- There was no mandatory retirement age in Nova Scotia. Instead, there was an "accepted," age which was widely used.
- No single age of retirement appeared to be appropriate for everyone. A number of variables affect the age at which a person chose to retire.
- Economic, as well as health factors, affect the time of retirement for individuals.

Based on the research that was completed, the Commission was of the opinion that a change in current retirement age policy was warranted. Due to high unemployment, numerous layoffs forcing the retirement of older employees, and other factors, the options for those approaching retirement age must be expanded. That could only be accomplished by eliminating, in all instances, any reference to a retirement age.

The Commission determined that there were also several areas relating to retirement that needed action. It should be noted that while some of the recommendations depended on the co-operation of the private sector and other governments, a number of the recommendations could have been acted upon independently.

The report was submitted to the Minister of Social Services in December, 1983.

A Senior Citizens' Secretariat was established on April 1, 1980, by an act of the Nova Scotia legislature. The growth of the Secretariat and its progressive approach to the development of social policy had a dampening effect on the activities of the Commission. Combined with this was the lack of development in program initiatives in the field of aging and the aged because of budgetary shortfalls. The end result was a sense of discouragement on the part of the Commission, which had few new initiatives to report during the late 80s and early 90s. The aims and objectives of the Commission became blurred in the light of the growing involvement of the Secretariat.

Eventually the ministerial responsibility for the Commission was transferred from the Minister of Social Services to the Chair of the Senior Citizens' Secretariat. At the time of this change, the Chair of the Senior Citizens' Secretariat was also the Minister of Social Services. This was done to bring the two bodies together functioning as one single entity.

The Minister and I held several discussions regarding the future of the Commission, how the Commission might be better co-ordinated with the Secretariat and, of course, the central question was: Would the Commission be continued in some form? Personally I found it very difficult to reach a definite conclusion on this point. The Commission accomplished much good work during its early years. However, the fact that its membership was made up of political appointees created some difficulties. In addition, budgeting cutbacks prevented the appointment of staff to work with the Commission and this was a serious shortcoming throughout its life. Lay persons may be expected to give sound advice on social policy but they cannot be expected to perform the thousands of relationships and tasks that are necessary if social policies are to be examined and studied, research conducted, and networking organizations kept up-dated and involved. In brief, any organization cannot be expected to perform adequately if it lacks sufficient, qualified personnel to keep the lay personnel enthusiastic and involved.

During the early 90s, the Secretariat faced the same problem. There were facts to be put together, research to be done, and there were an infinite number of social policies that also needed study, but there was insufficient staff to do the job. If this had continued, the Secretariat would have eventually met the same fate as the Commission. Viewing the work of the Commission and the growth of the Secretariat beginning in 1980, it is worth noting that the Commission was never given personnel specifically assigned to carry out its mission whereas the Secretariat, from its beginning in 1980, had the advantage of some full-time personnel. In retrospect, the personnel resources given to the Secretariat were inadequate in numbers but at least the Secretariat always had full-time employees.

I finally came to the conclusion, after much discussion with seniors' groups and individuals, that the Commission's approach served a useful purpose in promoting sound social policy in developing programs for seniors. Assuming that conclusion was correct, the Commission should have been continued, but its continuance required close co-operation with the Secretariat. Several of the functions of the Secretariat duplicated the role of the Commission, but formal communication between government and the private sector was a unique responsibility of the Secretariat. Legislation was drawn up to effect this dual relationship between the two bodies, each having a specific function spelled out in legislation. Unfortunately the government of the day did not consider either body to have a high priority. From the beginning, as already stated, the Commission was provided with no full-time staff and the Secretariat was not considered important enough in 1993 to warrant the specialized personnel to make it a useful and effective agency of government either. When I retired in 1995, the Commission ceased to exist and the Secretariat could be described as a survivor lacking the capacity to be effective in its role and mission.

The fact that the Commission was attached to one single department undoubtedly added to its demise. Bringing the Secretariat and Commission together as two distinct entities would have solved this problem. However, the issue relating to seniors' services and programs would have remained.

It should also be re-emphasized that responsibility for social planning in respect to seniors' programs and services comprised several government departments. To place one or both of these agencies in a position of being dependent on one department or one minister could only result in their eventual inability to perform any useful functions in the development of broad social policy and services for seniors. This has been borne out by the growing demand for a department of government to be concerned solely with seniors' issues. That will be addressed in more detail in the final chapter, *Reflections*.

It must be concluded that the concept of an effective Commission and/or Secretariat depends entirely on the political priority government assigns to seniors' programs. If they are a priority then social policies and planning related to these will have a useful role and function. If they have a low political priority, agencies like the Secretariat and the Commission will not be permitted to play an effective role in government.

Chapter 4

Senior Citizens' Secretariat

Prologue

The Senior Citizens' Secretariat represents the government of Nova Scotia and is the vehicle through which the aging and the aged and their organizations meet to exchange information. The government tells the aging and the aged what it will do and the seniors express their needs to government. The Secretariat was established to provide a co-operative arrangement with seniors. This is achieved in three ways:

- It allows the government and seniors to achieve what they want to by working with one another and avoiding the "we" and "they" relationship. This atmosphere of co-operation is achieved through frequent meetings of the Group of IX and representatives of seniors' clubs and organizations that are rooted in the local communities.
- The Secretariat has provided services which allow seniors access to a "One Stop Shopping Centre." This helps the seniors meet their needs with services such as the Toll-free Information Line, the Newsletter, and a number of publications.
- It promotes activism by establishing and evaluating new programs and services that meet the changing needs of seniors. This has been achieved through pilot projects in home care, the Seniors'

Art and Photo Galleries, Seniors' Games, and the emerging needs of seniors related to today's technology.

Chapter 4 outlines the three major areas through which the Secretariat meets its mandate:

- the establishment and provision of services related to seniors
- the determination of seniors' needs
- the enhancement of communications and networking

a. Evolution of the Secretariat

Following the Second World War, there was a growing recognition of the need for Canadians to plan and prepare for the population shift involving seniors. In Nova Scotia, several communities had developed seniors' clubs and study groups. These were encouraged and initially funded by the New Horizons Program enacted by the Federal Government in 1972. In every community, especially in the regions of Cape Breton and Halifax, groups were meeting to discuss the special needs of seniors in service areas such as pensions, health, housing, recreation, and transportation. Nova Scotia seniors were confronted with special needs because of the large rural population. Surveys indicated that isolation and loneliness were two of the major problems facing our seniors. It was becoming obvious that the growth of the senior population in Canada was posing and would continue to pose a number of important issues for governments at all levels, especially for seniors and for Canadians concerned about the quality of life available to this segment of the population.

The Senior Citizens' Commission of 1972 represented the government response to the needs of the expanding senior population referred to in Chapter 3. Reference has already been made to the two national bodies that organized provincial branches in Nova Scotia in the early 70s: the Federation of Senior Citizens and Pensioners, which had its roots and origins in Cape Breton, and Canadian Pensioners Concerned, which was established in Halifax and grew throughout the province. By 1975, there were 92 senior citizens' clubs operating throughout the province. The provincial government could not afford to ignore or treat lightly this large and influential section of the voting public.

In the provincial election of 1978, the Honourable John Buchanan was elected Premier of Nova Scotia and the Honourable Jack MacIsaac, representing the constituency of Pictou Centre, was elected and appointed Minister of Social Services. The Department of Social Services, having developed the Senior Citizens' Commission in 1972, had by 1978 become very much involved in working with the senior community in developing those services that were eliciting growing support from the senior population.

Services to seniors, as already noted, required communication between and co-operation among several departments and branches of government such as health, housing, education, social services, recreation, and municipal affairs.

During the time I was Deputy Minister of Social Services, I became concerned about the issue of co-operation and co-ordination among those government departments responsible for services to the aged and aging population. Indeed, my attention was drawn to this issue as it affected several departments of the provincial government. The need for co-operation and co-ordination was especially significant between Public Health and Social Services, housing initiatives and Social Services, and in specific areas affecting children in the departments of Health, Social Services, and Education.

In the early 1960s, I was asked to present a paper to a meeting of the American Public Welfare Association in Washington, D.C. I chose as a subject the issue of co-operation and co-ordination of government departments such as those referred to above. In the late 1960s, I discussed these matters with Dr. J.S. Robertson, Deputy Minister of Health, and we agreed to set up regular interdepartmental meetings between the departments of Health and Social Services. This was not an informal arrangement; rather we met once a month, alternating the location of meetings between the two departments. An agenda was prepared well in advance containing matters of concern to both departments, and we recorded decisions made in the minutes for each meeting. We brought senior officials into the meetings who had an interest in the agenda items. The meetings were an outstanding success.

Health, Education, and Social Services had similar, regular well organized meetings in which issues affecting children in all three departments were discussed and decisions made. It was called the HESS Committee. The Department of Social Services had similar arrangements with the Department of Housing.

This approach to interdepartmental communication and co-ordination might be considered time consuming, but it proved to be useful and well worth the efforts made by the departmental officials involved. The issue of how a deputy minister should spend his time is important. Interdepartmental co-operation and the steps needed to plan effective services require time and effort. I considered this to be a high priority and therefore it took first place among other demands on my time. Very often senior officials involve themselves in useless minutiae when there are more important issues. I've never been able to determine why there appears to be a reluctance on government officials to co-operate with each other and work together. Whatever the reasons may be, my experience tells me that interdepartmental co-operation is difficult to achieve and is not considered a high priority amongst deputy ministers and senior government officials. I refer to this issue of interdepartmental co-operation because it weighed heavily in the Honourable Jack MacIsaac's design for the new Secretariat.

I recall a discussion at the Halifax International Airport with a cabinet secretary who had resigned from that position largely because of frustration due to the lack of interdepartmental co-operation. This official told me that in his view one of the outstanding problems in government related to the lack of cabinet co-ordination. He concluded this could only be remedied satisfactorily by the intervention and involvement of the Premier. Without that intervention cabinet ministers, federal and provincial, tended to operate little kingdoms wholly unconcerned about interdepartmental issues.

An objective examination of the policies and programs pursued by the federal government demonstrates the chaos that results from government departments neglecting internal and external communication, co-operation, and control. To a lesser degree, provincial governments pursue the same chaotic policies of independent action and lack of centralized control.

As already noted in Chapter 3, the basic weakness of the Senior Citizens' Commission, appointed in 1972, was the fact it was an integral part of the Department of Social Services responsible only to the Minister of Social Services. The Senior Citizens' Social Services Act of 1972 specifically states that "Minister" means the Minister of Social Services and defines the position of the Executive Officer and Secretary as:

> *"A person in the employ of the Department of Social Services who may be designated by the Minister as the executive officer and Secretary of the Commission and shall*
> *(a) keep and maintain the records of the Commission;*
> *(b) provide stenographic and such other services as may be required by the Commission; and*
> *(c) supervise any research or other projects undertaken by the Commission."*[1]

These statements in the Act make it very clear that the Commission was a body that was an integral part of the Department of Social Services, responsible to that Minister and staffed by Social Services personnel. In short, there was no sense of interdepartmental ownership because the Commission was viewed solely as an initiative of the Department of Social Services. In order for this arrangement to be successful, co-operation had to be sought from other departments that had no specific legislated responsibility for co-operating with the Department of Social Services. Moreover, the nature of government is such that when one specific department is legislated to be responsible for a specific program, other departments are unlikely to become involved.

The sense of ownership is important in government. As indicated above, it rests on legislative enactment and if a department does not have legislated responsibility for a specific service it is unlikely to have any sense of ownership or responsibility for that service. There is also the issue of territoriality, which means that when areas of responsibility are defined by statute as being assigned to a specific department there is a clear assumption that other departments should stay out of the territory.

The new Minister of Social Services, the Honourable Jack MacIsaac, was very much aware that interdepartmental co-operation would be the key to developing services for seniors. Mr. MacIsaac saw to it that an interdepartmental committee of ministers was appointed early in 1978.

On February 13, 1980, Mr. MacIsaac arranged a meeting of those ministers presiding over departments providing services to seniors and community leaders involved in improving services available to seniors. The list of government officials and representatives attending that meeting provides an interesting background to the evolution of the Senior Citizens' Secretariat.

Chairing:	Honourable Jack MacIsaac	Minister of Municipal Affairs Minister in charge of Administration of the Housing Development Act
Members:	Honourable Gerald Sheehy	Minister of Health
	Honourable Laird Sterling	Minister of Social Services
	Dr. Harris Miller	Deputy Minister of Health
	John Mullaly	Deputy Minister of Municipal Affairs
	Fred R. MacKinnon	Deputy Minister of Social Services
	Ken Mounce	Executive Director, Nova Scotia Housing Commission
	Joseph H. Clarke	Secretary to the Executive Council
	Ernie Miller	Editor, Top Generation Newsletter and assigned responsibility on senior service issues in the Department of Social Services
	Dr. John Wickwire	Chair, Nova Scotia Senior Citizens' Commission
	Dr. Electa MacLellan	Vice Chair, Nova Scotia Senior Citizens' Commission
	Elizabeth Vaughn	Executive Director, Union of Nova Scotia Municipalities
	Wendell Phinney	President, Union of Nova Scotia Municipalities

Those representing the community based senior citizens' organizations were:

Bertha Frison	Secretary-Treasurer, Nova Scotia Federation of Senior Citizens and Pensioners
Fred Wildsmith	President, Nova Scotia Federation of Senior Citizens and Pensioners
Irene Wildsmith	Member, Nova Scotia Federation of Senior Citizens and Pensioners
Edith Harvie	Provincial Co-ordinator, Canadian Pensioners Concerned
Doreen Fraser	Member at Large, Canadian Pensioners Concerned

When I turned 65 in 1977, the Minister of Social Services decided my term of office should be extended for an additional year. This was continued until 1980 when the Minister of Social Services, the Honourable Laird Stirling, and I agreed that I would retire on February 29, 1980. I had a serious heart attack in 1979 and at 68 years of age, it seem right that I step down.

I completed arrangements with Dalhousie University to join the staff of the Institute of Public Administration and write a history of social welfare in Nova Scotia. These arrangements were completed and an office was assigned to me by the university. A student, Christine Ball, began work on the completion of her student year in this history project.

In February 1980, I was walking along Granville Street when I met my former Minister, the Honourable Jack MacIsaac, who was then Minister of Municipal Affairs. We stood and talked about many things, including the state of affairs in the Department of Social Services at that time. Mr. MacIsaac went on to outline an idea he had about a secretariat that would be a part of the provincial government devoted to working with seniors and committed to advancing the seniors' movement in Nova Scotia. I listened with great interest and asked Mr. MacIsaac: "Where will you get someone to take on the responsibility for developing this service?" Mr. MacIsaac replied: "I'm looking at him." We talked seriously about the proposal for a few minutes and I left him with the promise I would think about it and I would get in touch with him later. My final decision was to drop the Dalhousie project because I was intensely interested in Mr. MacIsaac's proposal, and I informed him to that effect. Confirmation of the acceptance of my proposed appointment was announced at the meeting already referred to on February 13, 1980.

Years later it was reported to me that a senior deputy minister remarked that the government created the Secretariat to make a job for Fred MacKinnon during his retirement. The facts are quite different and the statement only confirms the lack of knowledge and understanding that is common amongst many government officials regarding the seniors' movement, what it meant, and what it hoped to accomplish.

I suggested a per diem rate of compensation to Mr. MacIsaac. He felt this was not advisable, and he was most insistent that the new Secretariat should be a permanent organization and that I should be paid a stipend rather than a per diem, which might imply temporary status for the Secretariat. We finally agreed that I would work two days per week for $15,000 per year. I learned very quickly that if the objectives of the Secretariat were to be realized that it required a full-time Director, not someone working two days per week. The end result was that I worked full time from April 1, 1980, to the time I retired on December 31, 1995, with no change in the initial salary agreed upon. Like the man who came to dinner, I remained in the position very much longer than I planned with no thought about remuneration simply because I loved the position and what could be accomplished. Indeed, looking back from a work point of view, most of this 15-year period was the happiest time of my life in the government service.

There were considerable discussions about the location of the new Secretariat. It was originally planned to use the offices of the Speaker of the House in the Bank of Nova Scotia building on Hollis Street. This plan was discarded and the Dennis Building on Granville Street was chosen as a more suitable location. I began work in the Secretariat on April 1, 1980. The offices were located on the sixth floor of the Dennis Building. For several months, until October 1980, when Valerie White was appointed Co-ordinator, the staff consisted solely of myself and Lesley Partanen who was employed as the office secretary. Valerie White joined the staff in October 1980. She was recruited from the Family and Children's Services of Annapolis County where she had been employed as a caseworker. When she joined the staff of the Secretariat, she had five years experience in social work, as well as many years of experience as a community leader, organizer, and volunteer. She graduated from the Social Welfare Workers' Course at the Nova Scotia Institute of Technology in 1976. Ms. Partanen continued as clerk/secretary until 1984 when she resigned to accept another position.

My first task was to work with the Legislative Council in designing an act to create the new agency, decide on its name, and write a mission statement as to what we hoped to accomplish. The following key decisions were made:

- The new organization would be called the Senior Citizens' Secretariat.
- The Ministers comprising the Secretariat would be the Ministers of Social Services, Health, Municipal Affairs, and the Minister

Responsible for the Administration of the Housing Development Act; and such other persons as would be determined by the Governor in Council. (By 1982, it became clear that the Minister of Education and Culture and the Minister responsible for Recreation and Fitness should be included in the membership of the committee of ministers. The Secretariat was expanded in 1982 to include these two ministers.)

■ We were careful to provide that any one of these Ministers might be the Chair of the newly formed Secretariat. This was done to avoid the possibility of an assumption that the Minister of Social Services would automatically be Chair of the newly formed Committee of Cabinet.

If that happened the Secretariat might well become a carbon copy of the Senior Citizens' Commission of 1972. In fact that almost happened. On February 24, 1992, Honourable Roland Thornhill was appointed Minister of Community Service and also Chair of the Secretariat. The Honourable John Savage became premier in 1993 and the Honourable Jim Smith, the Minister of Community Services, was appointed Chair of the Secretariat. I have no idea why the Minister of Community Services was again appointed Chair but I must assume that the conventional wisdom dictated responsibility for the Secretariat should be vested in the Minister of Community Services. The Secretariat, along with other departments of government, experienced drastic budget reductions. The entire staff consisted of the Co-ordinator Valerie White; our Secretary Mary Boutilier; Project Officer Jane Mayer, and myself. This meant a reduction of four senior personnel compared with the staff complement between 1988 and 1994. John Angus MacKenzie retired in May, 1994; Heather Praught transferred to the Department of Health in 1991; Colin MacEwan resigned in 1993; and Virginia Walzak retired in 1994. These positions were left vacant. The understaffing of the Secretariat continued from 1994 until 2000 when the Minister of Health, the Honourable Jamie Muir, brought the staff back to numbers approaching a reasonable complement.

John A. MacKenzie joined the staff of the Secretariat in December 1985. His skills and expertise were largely in the fields of research and social policy formation. During his time with the Secretariat he became involved in several specific projects. The research done by Mr. MacKenzie is contained in a number of papers prepared for the Secretariat. Four of these were: a substantive analysis in the issues relating to elder abuse and neglect entitled *Elder Abuse: Everyone's Concern*; *Planning with Seniors for the 21St Century —Major Trends and Issues*; *Planning With Seniors for the 21St Century*—Programs and Seniors, and *Planning With Seniors for the 21St Century—What the Seniors Say.* Additional information on these is contained in the Appendices C, D, E, and F. There are two other reports in this series entitled *Planning With Seniors for the 21St Century —Demographics* and *Planning With Seniors for the 21St Century—Today's and Tomorrow's Financial Environment.*

When I retired as Director of the Secretariat on December 31, 1995, the Deputy Minister of Community Services was playing a major role in the overall management of the Secretariat. After my retirement Brian Vandervaart was appointed Director on a part-time basis with a two-year contract. He was not re-appointed at the conclusion of his contract in 1997 and shortly thereafter Barbara Burley, a supervisor in the Department of Community Services, was appointed as part-time Acting Director. By 1999, the role and function of the Secretariat had diminished to the point where there was no full-time director and, for all practical purposes, the direction and administration of the Secretariat programs came under the Department of Community Services with the minister, the Honourable Francene Cosman, acting as chairperson.

It was decided in the spring of 1999 to employ KPMG Consultants to do a survey of the Secretariat. Alan Dunnet was engaged for this purpose and he reported to the Minister of Community Services.

The primary objectives of this study were to:

- "Review the operational role and structure of the SCS.
- Review other jurisdictional structures used to consult on policy development impacting seniors.
- Develop a report and recommendations for the Chair, Senior Citizens' Secretariat, commenting on the structure, alignment, location, administrative burden, requirements for the future, staffing, and budget requirement."[2]

In carrying out this review, the following persons were contacted either in person or by telephone by Mr. Dunnet:

Dr. Jeanette Auger, President, Gerontology Association of Nova Scotia; Madam Felice Belliveau, President, Regroupement des Aînées et Aînés de la Nouvelle-Écosse; Ken Brown, Regional Director, Federal Superannuates National Association; Barbara Burley, Interim Director, Secretariat Office; Redvers Cainey, Representative, Canadian Association of Retired Persons; David Campbell, President, Nova Scotia Government Retired Employees Association; Bob Fowler, Senior Executive Director, Operations, Economic Development; Joan Lay, President, Canadian Pensioners Concerned, N.S. Division; Heiner Mangels, President, Federation of Senior Citizens & Pensioners; Jane Mayer, Clerk-Secretariat Office; Betty Miller, President, Retired Teachers Association of NS; Laurel Russell, Executive Director, Ministry of Housing and Municipal Affairs; Brian Vandervaart, Previous Director, Secretariat Office; and Valerie White, Co-ordinator, Secretariat Office.

In addition, three other provincial governments were contacted to determine their current approach to dealing with seniors' issues. These were British Columbia, Manitoba, and Ontario.

The conclusions of the Dunnet Report were

- ■ that the Secretariat was viewed as an appropriate model to co-ordinate the activities of all the departments concerned with seniors' issues
- ■ that the mission or mandate of the Secretariat be reviewed to clearly define what the role of the Secretariat needs to be currently and in the near future, given the anticipated increase in the number of seniors
- ■ the need for an annual update of the Programs for Seniors was questioned because the content of the programs publication does not change significantly from one year to the next; therefore publication every two years may be appropriate
- ■ that staffing levels cannot be appropriately set until the required activities are determined and those cannot be defined until the mandate of the Secretariat is reviewed and agreed upon

Mr. Dunnet interviewed representatives of the Group of IX and several other persons as listed previously. A number of individuals having had close contact with the Secretariat and intimate knowledge of its raison d'être were not interviewed. For example, neither Dr. Fred MacKinnon, Director from 1980 to 1995, nor the Honourable Jack MacIsaac, who was initially responsible for the creation of the Secretariat, were seen or interviewed.

This Report was commissioned by the Minister of Community Services, Honourable Francene Cosman. By the time the report was submitted there had been a change in government and the chair of the Secretariat was transferred from the Minister of Community Services to the Minister of Health. This resulted in the Honourable Jamie Muir becoming the chair of the Senior Citizens' Secretariat. The budget for the

Secretariat was doubled. Valerie White, who served as Co-ordinator of the Secretariat for 19 years, was appointed the Executive Director and three additional full-time staff were employed. Thus the role and function of the Secretariat, which had been the main theme of the Dunnet Report, was enhanced by the additional budget allocations and personnel. In retrospect, it would appear the objectives of the Secretariat, which had been developed over the 20-year period from 1980 to 2000, were being diminished because of lack of resources such as qualified personnel.

Valerie White

The arrangement, with the Secretariat operating under the Department of Community Services, continued until the Minister of Health was appointed Chair on April 1, 2000. The net effect of these administrative changes following my retirement on December 31, 1995, was far from the original intention and would have resulted in the absorption of the Secretariat into the administrative structure of the Department of Community Services. This had the practical effect of turning the Secretariat into an organization not unlike the Senior Citizens' Commission. Fortunately the Hamm Government appointed the Minister of Health as the Chair of the Secretariat. It may be argued this arrangement with the Ministry of Health as Chair is more logical because the Minister of Health is now responsible for home care, nursing homes, and health services, all of which are of immediate importance to seniors. Shortly after the Director's position was made full-time, Valerie White was appointed Executive Director, reporting directly to the Minister of

Health who was the Chair. Increased budgets made it possible to strengthen the Secretariat and additional staff were appointed to bring the full-time staff to seven persons, the current staff complement. This structure consists of an executive director, a co-ordinator, librarian, manager of special projects, researcher/statistician, office manager, and project manager.

To help clarify who held what position in government, a list of the premiers and Secretariat chairs since 1980 is provided in Appendix G.

Staff Senior Citizens' Secretariat. Back: left to right, Jane Phillips, Mary Boutilier, Heather Praught, Jane Mayer. Front: left to right, Stephen Coyle, Valerie White

I have already referred to the issue of ownership in important government programs such as the Senior Citizens' Commission and the Senior Citizens' Secretariat. The issue of ownership has two very significant facets. The first relates to the manner in which the program is viewed by other government officials and by the public. If the Secretariat were to be permanently chaired by the Minister of Community Services, the logical conclusion of the government and the general public would be that the Secretariat is primarily a community services function. The Secretariat is concerned with housing, recreation, and health and thus involves a number of other government departments. If the Chair of the Secretariat is always presumed to be the Minister of Community Services, the public perception inevitably leads to the conclusion that this is another community services program.

Secondly, the senior officials responsible for the administration of specific programs develop a sense of ownership of that program and this sense of ownership works against any semblance of interdepartmental co-operation. That was amply demonstrated by the manner in which the Department of Community Services became involved in the management of the Secretariat after my retirement.

I have often been asked, "What is the Secretariat?" The legal answer to that question is clearly defined in the Act. The Secretariat is a committee of the Cabinet of the Government of Nova Scotia. The Secretariat is not the staff, it is not chaired necessarily by the Minister of Community Services; its chair might be any one of the ministers comprising the Secretariat, which by 1982 consisted of Health, Education, Social Services, Municipal Affairs, Housing, and Recreation. We were very careful in designing the Secretariat legislation so there would be no assumption that the Minister of Social Services should automatically assume this responsibility. These plainly evident facts are often forgotten or misinterpreted. Having the Minister of Community Services responsible for the Senior Citizens' Commission turned out to be less than successful and was sufficient reason to place the Chair of the Secretariat in the most suitable ministry, whichever that might be.

During my final months as Deputy Minister of Social Services in

1979—80, the Honourable Jack MacIsaac and the Honourable Laird Stirling became involved in planning new Legislation affecting seniors. Coming out of this was the *Senior Citizens' Financial Aid Act*, which received assent on June 24, 1981. This Act provided for three separate financial aid programs:

- Seniors' Special Assistance: this program has been in effect since 1973 and was incorporated into this Act from Part IV of the *Social Assistance Act*
- Seniors' Property Tax Rebate: introduced in 1980
- Seniors' Rental Assistance: introduced in 1981

Two of these programs have become victims of cut backs and financial retrenchment. I mention them here to emphasize how the movement of the 60s and 70s had influenced government to take an active interest in creating a better quality of life for senior citizens in Nova Scotia.

Shortly after the establishment of the Senior Citizens' Secretariat the following issues confronting seniors were noted:

- co-ordinate government services to seniors
- universal or selective services—which approach is advisable?
- loss of human resources by mandatory retirement
- elderly woman and poverty
- home care
- specialized housing for seniors
- transportation needs
- problems created by prolonging life—cost issues and quality of life
- the dichotomy between theory and practice in gerontology
- pre-retirement planning
- lack of guidance on preventive medicine and rehabilitation instead of treatment

- lack of statistics on the number of seniors

Following is the Mission Statement we prepared for the newly formed Secretariat.

> *"The objective and purpose of the Secretariat is to facilitate the planning and development of services and programs for senior citizens by:*
>
> - *co-ordinating plans, policies, and programs presented by the Departments of the Government;*
> - *developing plans, policies, and programs for and with senior citizens in partnership with the Departments of Social Services, Health, Education, and Municipal Affairs, the Nova Scotia Housing Commission, any other government Departments, the Nova Scotia Senior Citizens' Commission, and voluntary senior citizens' groups."*[3]

This first Mission Statement has been revised and new responsibilities have been added, but the substance of the Secretariat Mission remains much as it was written in 1980. It should be noted there was no mention in the Mission Statement about social activism.

I considered my first responsibility as Director of the Secretariat to develop a position statement setting out the resources available to seniors from Federal, Provincial, and Municipal governments, the main issues confronting seniors and the government and state policy direction for the government departments comprising the Secretariat. During 1980 and 1981, I spent much time consulting with individuals and seniors' organizations who helped me in preparing this statement. The Speech From the Throne delivered in the 1982 Session of the Legislature stated: "The Senior Citizens' Secretariat has been charged with the responsibility for developing a Comprehensive Statement on Aging, to guide future government policy and strategies as the proportion of senior citizens in our society grows."[4] This was the basic authority for the preparation of the Statement on Aging and the Aged.

A meeting of representatives of seniors' organizations was called March 16, 1982, to inform them of the announcement in the Speech From the Throne. The meeting was attended by the following seniors on behalf of the organizations they represented.

Doreen Fraser, President, Canadian Pensioners Concerned
Evan Scott, Canadian Pensioners Concerned
Edith Harvie, Canadian Pensioners Concerned
Joan Lay, Gerontology Association of Nova Scotia
Patricia Miller, Gerontology Association of Nova Scotia
George Gasek, Gerontology Association of Nova Scotia
Fred Wildsmith, Federation of Senior Citizens & Pensioners
Patricia Tompkins, New Horizons
Barbara Hart, Union of Nova Scotia Municipalities
Sherman Zwicker, Union of Nova Scotia Municipalities
Jack Glassey, Nova Scotia Senior Citizens' Commission
Janet Rowe, Student, Mount Saint Vincent University
Valerie White, Senior Citizens' Secretariat
F.R. MacKinnon, Senior Citizens' Secretariat

It is important that we convey the manner in which the Secretariat operated in these early days. This can be seen by referring to the discussions that this group of seniors had on March 16, 1982. The Director prepared the following questions and issues to stimulate discussion:

- We might logically begin by discussing what we have and where we are at the moment in respect to services for the aged.
- What should be the role of the federal government? What are some of the directions and initiatives we might properly expect the federal government to take in the field of aging in the next decade?

- A similar question applies in respect to the provincial government. What are the shortcomings of existing programs? What might we reasonably expect should be developed in the way of new provincial programs?
- What role do we see for municipal government?
- The private sector is not one entity. It is in fact made up of several entities. Three of these are represented here today in this discussion. However, there are more than 180 senior citizens' clubs throughout the province and many of these are distinct entities in terms of social action and group thinking. What role should we envision for the private sector?
- Finally, what should we expect from the individual citizen in terms of personal planning and responsibility for that period of life we refer to as the senior years or old age?

The task of preparing a Statement proved to be lengthy and complicated and was not completed until 1983. The resulting statement was entitled, "Statement on Aging and the Aged" and was 16 pages long. The opening comments follow: "Social programs to assist the elderly have become a major part of the business of government at all levels—federal, provincial, and municipal. The private sector continues to be deeply committed and involved, and concern for the elderly is high on the list of priorities of a number of voluntary agencies."[3] Indeed the statement that I prepared between 1980 and 1983 is even more relevant today in 2004 than when it was written. A summary of this is contained in Appendix II.

This concludes the historical events leading to the establishment, evolution, and current structure of the Secretariat. We now turn to the services, programs, and networking that constitute the vital components of the Senior Citizens' Secretariat.

b. Services Established/Provided by the Secretariat

Programs For Seniors

Fred R. MacKinnon and Valerie White

When Valerie White joined the staff in October, 1980, it was decided that she should publish what came to be known as the Blue Book, the *Programs for Seniors*. The first issue of this booklet was released in September 1981. The booklet lists all services and programs available through the public and private sectors for seniors. *Programs for Seniors* has now become an annual publication of the Secretariat with a distribution of 60,000 copies. It is now a 136-page publication produced at very little cost to government. The firm awarded the contract sells advertising to off-set the costs.

Arguments have been put forward that it is unnecessary to publish this booklet annually. The facts are that the services and programs available in the province are constantly changing and if a descriptive manual is not published annually, what is available becomes misinformation rather than a useful statement on what services are available.

Library

We are living in an era when information regarding health issues, social programs, and management techniques are being widely studied and reported on in magazines, books, and research papers. From its beginning, the Secretariat attached a high value to the development of a well stocked library of books, magazines articles, and current information on programs provided in the field of gerontology. Obviously the provision of a good library or research centre depends on two important requirements: the availability of funds to make sure there is adequate coverage of current issues in the field of aging and the aged, and the availability of professional staff who have the capacity to understand what material is available and how these may be used to the greatest advantage.

While the Secretariat from its earliest beginnings emphasized the importance of a well stocked library, it was only on April 9, 2001, that Jane Phillips was employed as Chief Librarian of the Information and Research Centre opened in the Secretariat. This is a valuable resource, not only to the staff of the Secretariat and other departments, but to the seniors and seniors' organizations looking for current information on seniors' programs. Other agencies, university students, and the corporate sector also utilize these resources

Publications

Communication and the dissemination of new information on seniors' topics and issues are a necessary feature of the Secretariat's mission. Facts and information are being dispensed on all fronts so rapidly it is difficult to keep pace with changing concepts and ideas. Yet, keep pace we must if we are to keep abreast of new knowledge about seniors' affairs.

A newsletter was one of the first communication tools used by the Secretariat. Publications have been issued on elder abuse, housing, pensions, retirement income, hearing loss, and vision impairment, to mention only a few of the Secretariat's publications.

Following are the titles of the publications released by the Secretariat over the past 23 years.

Addressing the Problems of Elder Abuse: Where Do We Go From Here?: 1st Provincial Seniors Elder Abuse Conference (1991: Halifax, N.S.).

Aging and the Aged in Nova Scotia: A List of Writings from 1979 to 1985 (1986).

Aging: Independent Living: Major Trends and Issues (1989).

Aging: Independent Living: What the Seniors Say (1990).

Aging: Independent Living: Programs and Services (1989).

Aging: Independent Living: Demographics (1989).

Aging: Independent Living: Today's and Tomorrow's Financial Environment (1990).

Cape Breton Seniors' Seminar for Better Hearing: Proceedings (1988).

Community Services (1989).

Directory of Senior Citizens' Groups and Organizations (1981—present).

Enhancing the Basic Learning Skills of Older Nova Scotians – A Resource Kit (2003).

Elder Abuse: Everyone's Concern (1986).

Elder Abuse Strategy (2002).

Fact Sheets on Insurance

Growing Up Growing Older (1999).

Health (1989).

Housing (1989).

International Year of Older Persons Half Year News Report (1999).

Money Matters (1989).

Nova Scotia Seniors for Literacy Project: final report (2001).

Planning With Seniors for the 21st Century: Second Provincial Conference on Aging and the Aged (1990: Acadia University).

Programs for Seniors (1981 - present).

Prudent Use of Medications (1994).

Seniors Helping Seniors: A Nova Scotia Conference on Aging and the Aged (1984: Nova Scotia Senior Citizens' Secretariat).

Seniors' Safe Driving Committee Report: To The Honorable Donald R. Downe, Minister of Business and Consumer Services (1996).

Statement on Aging and the Aged: A Discussion Paper (1984:Nova Scotia Senior Citizens' Secretariat).

Statistical Profile of Nova Scotia Seniors (2003).

A series of fact sheets on a variety of topics is currently underway.

The Secretariat has tried to maintain an up-to-date resource list of new publications related to the aged and the aging by making available a list of publications from other sources as well. These include being part of the Seniors' Policy and Programs Database, http://www.sppd.gc.ca, the Information Resource Centre website links, other internet sources, and Collaborative Federal/Provincial/Territorial (FPT) Ministers Responsible for Seniors.

Nova Scotia Seniors In Song

In 1983, the Secretariat decided a new song book should be provided for the senior citizens' clubs. A committee was appointed with Austin E. Gough as Chair and consisted of the following individuals: Rev. Jim Beveridge, Halifax; Harvey Cooke, Halifax; Sister Irmine d'Entremont, Halifax; Jessie Hattie, Dartmouth; Dan H. Johnson, Halifax; Noel Knockwood, Truro; Sam MacLean, Dartmouth; Pearleen Oliver, Lower Sackville; Ray H. Shaw, Dartmouth; Raymond Simpson, Halifax; Harry Soper, Dartmouth; and Edith Tufts, Saulnierville.

All these members were involved in the seniors' movement. The song book was called *Nova Scotia Seniors in Song*. It contained no musical notes, just the lyrics. This publication was distinct because it contained English, French, Gaelic, and Mi'kmaq songs, as well as spirituals, numbering 216 in all. It was financed through a New Horizons grant and was distributed on behalf of the Secretariat by the provincial government to all the seniors' clubs throughout Nova Scotia. It continues to serve as a valuable resource in promoting club activities.

Seniors' Expo

In 1987, Betty Malo, a Halifax senior, approached the Senior Citizens' Secretariat suggesting we hold a Seniors' Leisure Festival. She and a small enthusiastic committee of seniors proceeded with plans to organize and hold this event at the Lord Nelson Hotel. The Festival was most successful and the group began plans almost immediately to hold a second festival in 1988. The second festival was an even greater success with attendance in excess of 1,200 persons.

In the fall of 1987, the Chair of the Senior Citizens' Secretariat, the Honourable Jack MacIsaac, received information on a Seniors' Expo being held in Los Angeles, California, in May 1988. This was their fourth Expo. The concept of having a special forum in which persons 50 and over could experience and learn about products, programs, and services available in the marketplace appealed to the Chair. It was decided that someone should go to Los Angeles to investigate and explore the Expo concept and determine whether it might be an appropriate event for Nova Scotia. Due to the interest shown by seniors in the Leisure Festival, and the ongoing need for information by them, it seemed an appropriate time to explore the possibility of having a provincial event so that Nova Scotian seniors might participate and learn more about available services, products, and programs.

The Co-ordinator of the Secretariat, Valerie White, went to Los

Angeles to attend their Seniors' Expo in May 1988, and brought back a detailed report and photos to the Secretariat. The Secretariat decided that on completion of the 1988 Leisure Festival, Valerie should contact the Leisure Festival Committee to explain what the Los Angeles Expo was about. She should also determine if the committee wished to continue with the local Leisure Festival or consider being part of a provincial committee to explore the potential of holding a provincial expo. In 1990, a committee of seniors was formed, including the former members of the Seniors' Leisure Festival, to plan for what became known as Seniors' Expo. Sponsorship for Expo 1990 first had to be obtained as well as a facility that could accommodate it. A program had to be planned that would be unique to the needs of Nova Scotia's seniors. A decision was made to hold Seniors' Expo in the Metro Centre, and parts of the World Trade & Convention Centre (WTCC) were also used. This arrangement continued from 1990 through 2001. In 2002, the decision was made to move the location of Expo from the WTCC to the Exhibition Park. Seniors' Expo continues to change the image of seniors, and Exhibition Park appears to be a most suitable location for the event.

The Committee decided that a top notch entertainer should be invited for this Expo. Estelle Getty, one of the four actors in the TV show "The Golden Girls," was selected; this proved to be an excellent choice. Exhibit space had to be sold, and a publicity campaign planned. Every effort was made to include seniors from all parts of the province, especially seniors' organizations. The focus was on seniors, but Expo turned out to be a family affair and members of the seniors' families were a large portion of the attendees. The first year was a major success and the committee immediately made note of any shortcomings and special requests that would improve Expo and increase attendance. Attendance and support has continued to increase year by year.

The keys to the success of Seniors' Expo has been public participation and the outstanding leadership provided by Valerie White. Each year more Nova Scotians participate in the exhibits displaying products, programs and activities available from their organizations or businesses. The Arts, Crafts, and Hobbies area now allows 24 demonstrators to display or explain their particular hobby, art, or craft. Photographers and artists have an opportunity to display their works in the Photo and Art Galleries.

The seminars offer an opportunity for seniors and others to become involved, to participate, to learn, and to actively take part as a presenter or as a participant. The Main Stage also highlights the many talents and creative work of the 50-plus age group. Fitness, exercise demonstrations, a fashion show, music, song, and dance are all available for the enjoyment of those attending.

Visitors to Seniors' Expo go home with additional knowledge, an awareness of how they may become involved in their own communities, with a sense that "Life Is What You Make It," and that, with a positive attitude, there's much fun and active living to be enjoyed in the years ahead. The positive spin-off from Seniors' Expo is felt throughout the province. Not only does Expo highlight the talents and resources of seniors, but it has created an awareness in the corporate community and among younger age groups of the

Estelle Kenny

vitality, optimism, and spending power among the 50 plus age group.

In the year 2000, the name Seniors' Expo was changed to "50^+expo" thus the program has been modified to reach a broader population grouping in the community. There has been considerable discussion as to whether Expo should be held annually or less often; for example, every second year. The conclusion has been that if Expo were held less often than annually the momentum of seniors' involvement so important in a project such as this would be lost. The annual increase in attendance seems to substantiate this decision. From the beginning a small group of seniors has been much involved in the planning and operation of 50^+expo and this has contributed greatly to its success. The leadership and government support given to this group has also been invaluable.

As part of 50^+expo, each year a number of Remarkable Seniors has been selected by a committee and their contribution has been recognized by the Lieutenant Governor of Nova Scotia; during the last number of years, Senator John M. Buchanan has presented these awards. The list of seniors so honoured is contained in Appendix I. The selection committee consists of seniors, usually chaired by Harold Shea, who meet and review the applications and make decisions on who will be honoured each year.

Obviously a project such as 50^+expo requires funding. To date no financial debts have been incurred and the project operates on a break-even basis with funding from the corporate community and by a small provincial government supplementary grant.

Seniors' Art Gallery

The genesis of the Seniors' Art Gallery is interesting and indicative of how an idea such as this grows and develops from small beginnings. Dorothy McCarron and a committee of seniors from the Needham Seniors' Club exhibited a number of paintings at the Seniors' Leisure

Festival in 1987 in the Lord Nelson Hotel. I was viewing the exhibition when the Honourable Edmund Morris, Minister of Community Services, met me and proceeded to comment favorably and enthusiastically about the paintings exhibited by the Needham seniors. A senior had mentioned to him that seniors had no place to show their works. We both agreed that there should be some method or way for exhibiting creative work such as this so that the artists would have a chance to receive recognition and display their creative talents to the public. Valerie White convened and chaired a committee of seniors that developed the infrastructure of the Nova Scotia Seniors' Art Gallery. The bookkeeping and other administrative services are handled by the Secretariat staff.

The idea appealed to me and the first problem we faced was to find a suitable location for displaying art work done by seniors. The offices of the Senior Citizens' Secretariat were located at that time in the Johnston Building on Prince Street. It was decided to display as many works of art as possible in the offices of the Secretariat so that at least the works of art would have public visibility.

About that time I happened to be walking along Barrington Street when I met the Honourable Rollie Thornhill, Minister of Tourism and Culture. Mr. Thornhill was also responsible for the World Trade and Convention Centre (WTCC). I told him the Secretariat was involved in exhibiting the paintings of senior artists, but we had no adequate facility for display purposes. Mr. Thornhill immediately suggested and offered the WTCC as a suitable location for the exhibition of seniors' art work. We had discussions with Ken Mounce, who was in charge of the WTCC, and decided to open the Seniors' Art Gallery on the third floor of the Centre.

On May 10, 1988, the Premier of Nova Scotia, the Honourable John M. Buchanan, opened the Nova Scotia Seniors' Art Gallery. The Gallery is funded and sponsored through the Senior Citizens' Secretariat.

The aims and objectives of the Art Gallery are

- to encourage persons 50 years of age and over in continuing to be creative and involved in a meaningful and productive activity
- to demonstrate that personal growth and learning continue. These qualities do not end with retirement
- to encourage a positive perception of this specific age group within the community
- to provide the participating artists an opportunity to display and sell their paintings

The Seniors' Art Gallery has been an outstanding success. There are four exhibits each year, and these are arranged so that seniors from all parts of the province have a chance to display their paintings. These exhibits are well attended by seniors and the general public. There are about one hundred paintings on display at all times. The artists determine their own prices for each piece. To date approximately 2,000 paintings have been sold, for a net value of $235,000. All of this money has gone to the senior artists. Refer to Appendix J for more detailed figures.

Words of commendation must go to Dorothy McCarron who has championed the project from the beginning. Dorothy has been responsible for the drive and enthusiasm that have made the Art Gallery successful since 1988. Money cannot purchase the degree of voluntary participation and effort put into this project by Dorothy McCarron, and the Secretariat salutes her outstanding contribution. She has been assisted by a committee consisting of: Margaret Haley, Marion Kimber, Edna Burgess, Roberta Way-Clarke, Pauline Lawrence, Betty Blackmore, Rev. Maurice LeBlanc, Elmer Doiron, Jacqui Bates, Doreen Williams, Yvonne Christ, and Hazel Reid. The project has been highly successful thanks to Dorothy's individual contribution and the involvement of volunteers. One exhibition alone netted $7,000, representing the return from the sale of 60 paintings.

Toll-Free Information Line

Seniors are living longer and it is not unusual for many to live to ages 90, 95, and 100 or longer. With improvements in health care and quality of life, this trend is likely to continue. The seniors, on reaching retirement at age 65 or 70, require information from a variety of voluntary organizations in the community and from government. How do seniors go about getting answers to questions which are vital to their well being? Many seniors do not have an advocate, and have to use the telephone to find information. Very often this ends in frustration for the senior and this situation is growing more difficult each year. Use of the telephone may be very frustrating, especially for someone who is easily confused and who does not have access to the information necessary to formulate the required questions. For example, a senior with a visual impairment may be asked by a business or government bureaucrat in a telephone conversation to read off 8 or 10 serial numbers from a document. Such requests are impossible to answer. The Secretariat became painfully aware after its formation in 1980 of the need for some form of assistance for seniors in using the telephone to answer questions vital to their well-being and daily living.

A seniors' information line was established in the City of Halifax by the Social Planning Department in April 1985. This telephone service was designed to provide information on programs, services, and activities that were available to seniors in the City of Halifax. It proved to be much needed and well received. The Social Planning Department was receiving approximately 200 calls per month on the Info Line—proof positive of its importance to the senior community.

The Secretariat decided to establish a similar service to cover the entire province. A toll-free telephone number was published in the daily papers throughout Nova Scotia beginning April 1, 1987. This meant that seniors could call with their inquiries without incurring long distance charges. A senior, or an advocate acting on the senior's behalf, could call this toll-free number about any matter on which they wanted advice, assistance, or information. The telephone number remains the same as when first established in 1987, 1 (800) 670-0065. The definition of a senior at that time was a person of 65 or more years of age. During business hours, the telephone is answered by Secretariat staff. After business hours, a recording system allows callers to leave their name, telephone number, and inquiry, and their call is answered the next working day.

The hallmark of a good answering service such as this depends almost entirely on the willingness of staff answering the call to go to any reasonable lengths to get information requested by the caller. There is no room for delays or confusion. This is a direct line with no requirement to push buttons and perform other manoeuvers required in communicating with all too many organizations. The public have become so accustomed to this frustration of voice mail that often people calling the Secretariat ask, "Are you real?"

The toll-free line has proved to be one of the most successful services undertaken by the Secretariat. Over 500 calls are received each month.

Poverty, Poor Houses, and Private Philanthropy

By 1958, when the Nova Scotia poor laws were repealed, 200 years had elapsed from its first enactment in 1758 under Governor Cornwallis. During this time a number of Poor Houses were erected throughout the province; generally there was one for each county.

F.R. MacKinnon wrote individual stories about the development of some of these Poor Houses, but nothing was ever written about the entire network of Poor Houses and asylums in the province. It was decided in 1991 that a history of institutional care should be written by the

Secretariat. New Horizons was approached with a request for funding, which was provided and the Senior Scribes of Nova Scotia committee was appointed. The committee consisted of: Darrell Mills Chair, F.R. MacKinnon, Shirley Elliott, Doris Evans, Douglas Fraser, Daniel Johnson, Murray Knowles, Joan Lay, John LeBlanc, Anthony A. MacKenzie, John A. MacKenzie, Dan MacLean, Max MacLeod, Harold Shea, Dr. Chester Stewart, Brian Vandervaart, and Richard Wagner.

The title of the book was *Poverty, Poor Houses, and Private Philanthropy*. The section "Private Philanthropy" was included because, in many respects, these private agencies had a direct relationship with the residents admitted to the Poor Houses. The Director of the Secretariat, F.R. MacKinnon, did the researching and writing involved in the preparation of the book. It was published by Queen's Printer, Communications Nova Scotia, in 1996.

All of the Poor Houses that ever existed in the province are referred to, whether or not they were in operation at the time of the writing.

Copies of this publication continue to be available through the office of the Secretariat.

Seniors' Photo Gallery

The idea of having a Seniors' Photo Gallery grew out of the success the Secretariat had with the Seniors' Art Gallery. The Photo Gallery opened in 1992 and was operated by a committee of retirees: Kay Love, Ray Fraser, Dave Thomson, Laurie Davidson, Renate Deppe, Fred Joyce, and Eunice Bannerman. In the early years Agnes Parker was the driving force behind the Photo Gallery. She is now living in Victoria, B.C., and the Secretariat is grateful for her initiative in getting this project underway.

There are approximately 70 photographers listed as participants and each artist may display two photographs for each show. Four exhibitions are held in each year. The Seniors' Photo Gallery was initially located on the second floor of the WTCC. It has now been moved to the third level adjacent to the Seniors' Art Gallery on the third floor. Since August 1992, there have been 30 shows with net sales of $70,000.

It may be argued that the Secretariat should confine its mission to the development of social policies relating to seniors and relations between the private sector and the government. If that argument was pursued to a logical conclusion, the Seniors' Art and Photo Galleries would have to be managed by the private sector or some other department of government. Neither of these directions would be practical. There is no other body in government except the Secretariat that would have the commitment and concern required to manage these two programs. Professionals in the private sector have shown little interest in the two projects. Considering the success in their management to date, it is obvious the Secretariat is the best organization to make sure their success continues. To phrase the argument bluntly, if the Secretariat did not perform these tasks they would not be done otherwise.

Yarns Worth The Telling

A committee consisting of F.R. MacKinnon, John A. MacKenzie, Ted Boutilier, Roy Martin, Jenny Day, Dr. A.T. Roger, Helen DeCoste, Diane Senechal, Doris Evans, Paula Goldrich, Jerry Holland, Ruth Jago, Pat Johnson, Joan Lay, Uma Verma, B.S. Verma, Robert Stailing, Alex Thorpe, Edith Tufts, John Walker, Michelle Whelan, Linden Wildsmith, Harold Shea, and Roberta Way-Clark decided in April 1994 to present a project to seniors for their consideration that would give seniors in Nova Scotia a chance to record for future generations interesting and memorable events in their lives. The committee was encouraged to start the project in 1995. The first book produced was entitled *Yarns Worth the Telling*.

This book was well received by the senior community and a second book was produced by the Committee in 1996 entitled *More Yarns Worth the Telling*. More than 500 stories were submitted for inclusion in these two publications by seniors throughout the province. Due to space limitations, however, only 82 were used in the first book, and 57 in the second.

Group of IX

This advisory committee to the Secretariat represents a significant ongoing budget item. For this reason it is included in this section of the book as a service provided by the Secretariat.

The number of organizations involved in the Group of IX and the Mission of the Group of IX has changed greatly. When the staff of the Secretariat first met with them in January 1992 there were six members in this organization. The groups involved in that meeting were the Nova Scotia Government Retired Employees, Nova Scotia Retired Teachers Association, Federation of Senior Citizens and Pensioners, Royal Canadian Legion, Canadian Pensioners Concerned, and the Gerontology Association of Nova Scotia.

Currently the Group of IX is comprised of representatives from the following organizations:

- Canada's Association for the Fifty-Plus (CARP)
- Canadian Pensioners Concerned NS
- Federal Superannuates National Association
- Federation of Senior Citizens and Pensioners
- Gerontology Association of Nova Scotia
- NS Government Retired Employees Association
- Regroupement des Aînées et Aînés de la Nouvelle-Écosse
- Retired Teachers Association of Nova Scotia
- Royal Canadian Legion, NS /Nunavut Command

Group of IX, front row: Joan Lay, Jack Hatcher, Deborah Dostal, Eileen Amirault, Bernie LaRusic, Phil Hughes, Doug Manzer, Back row: Ken Brown, Millard MacKenzie, Blair Boudreau, Missing: Redvers Cainey

The current Group of IX has become a significant feature of the Secretariat structure and mission. Each of the nine organizations that make up the Group of IX represent a specific body of seniors or persons interested in advancing the seniors' movement. Canadian Pensioners Concerned and the Federation of Senior Citizens and Pensioners were described in Chapter 2.

CARP - Canada's Association for the Fifty-Plus This national body was established in 1984 to advocate and lobby both federal and provincial governments on behalf of those persons fifty-plus.

It develops practical recommendations on a variety of issues, including an integrated health care system, the new face of retirement, agism, successful aging, retirement income, and environment.

CARP is a non-profit association and does not receive government funds.

Redvers Cainey read an issue of CARP magazine and enquired why Nova Scotia, New Brunswick and Prince Edward Island did not have representatives, whereas Newfoundland did have one. This led to an interview and ultimately to Redvers becoming the CARP representative for the three provinces in January 1995 and he has been the Nova Scotia and Prince Edward Island representative since then.

The regional representative's role is to enhance membership and give CARP more exposure. The membership for Nova Scotia, New Brunswick and Prince Edward Island was 5,000 in 1995 and now has exceeded 26,000.

Federal Superannuates National Association - FSNA advances, promotes, and protects the interests of those who have retired from the federal public service, armed forces, the Royal Canadian Mounted Police and the federal judiciary. FSNA is recognized by governments, national unions, and staff associations as the voice for federal superannuates.

Branches are the cornerstone of the Association. Their main role is to ensure there is a link between the individual members and the National Association. The key member of the association on the provincial level is the Regional Director.

The keys to the success of the branches are their very active volunteers – some of whom become members of the executive of the branch. Others engage in a wide variety of activities in support of the branch and their fellow members.

Since each branch of the 83 branches is autonomous and varies in size and geography, each has its own methods of accomplishing its role. Generally speaking, the role of a branch is to:

- Communicate with its members through periodic meetings, news letters, special information meetings and training sessions;

- Participate in the management of the Association through the active recruitment and retention of members, submit resolutions to be considered at the Triennial Conventions and administer the affairs of the Branch;
- Provide services to members such as visitations, transportation, and other forms of personal assistance;
- Participate in local/provincial advocacy, (assisting the Regional Director), dealing with issues of importance to superannuates and seniors in their community and ensuring that local politicians and MPs know about FSNA and its policies;
- Fulfill its responsibilities under our FSNA's by-laws such as reporting to the National Office its financial statements and minutes of its annual general meetings; and,
- Organize social activities (many branches do this even though FSNA is not a "social club").

The Regional Directors for FSNA since 1992 have been:

Earl MacLeod	— 1992	Upper Clements
Rex Guy	1992 — 1998	Berwick
Ken Brown	1998 — 2004	Dartmouth
Paul Nadeau	2004 —	Dartmouth

Gerontology Association of Nova Scotia - GANS Gerontology is that "branch of knowledge dealing with aging and the problems of the aged."[6] It is a generic term encompassing the physiological, economic, psychological, and social aspect of aging. On the other hand, geriatrics is a specific term meaning that "branch of medicine dealing with the problems and diseases of old age and aging people."[7]

The inaugural meeting of the Gerontology Association of Nova Scotia (GANS) was held in June 1977 at St. FX University. It was incorporated under the Societies Act on November 13, 1977. Initially GANS and the Associated Homes for Special Care sponsored joint conferences and eventually the specific mandates of these associations resulted in two autonomous organizations. The Gerontology Association of Nova Scotia is one of the members of the Group of IX.

GANS provides leadership on issues related to aging and the aged. It offers opportunities for individuals and organizations to meet and share mutual concerns in the field of aging. The aims of GANS are

- to provide opportunities for personnel working in the field to meet and share common concerns
- to foster co-ordination of agencies and organizations for the elderly in Nova Scotia
- to serve as a consulting body to the elderly and persons working in the field of gerontology
- to provide an information and resource centre
- to facilitate research in conjunction with appropriate agencies, organizations, and individuals[8]

GANS accomplishes many of these objectives through workshops, educational seminars, public forums, think tanks, conferences, and in-service training, as well as a newsletter. Membership is open to organizations, families, and individuals with an interest in aging.

The presidents of GANS since its inception in 1977 have been:

■ Dr. Martha Laurence	1977—79
■ Dr. James Perkin	1979—81
■ Dr. George Gasek	1981—82
■ Joan Lay	1982—85

Patricia Conrad	1985—87
Dr. David Hogan	1987—89
Marlene MacLellan	1989—91
Jill Comolli	1991—93
Jill Comolli	1993—94 (acting)
Bernard Anderson	1994—95 (acting)
Jane McNiven	1995—98
Pamela Fancy	1998—99
Dr. Jeannette Auger	1999—00
Alice Galpin	2000—01 (acting)
Dr. Colin Powell	2001—

Nova Scotia Government Retired Employees Association The Nova Scotia Government Retired Employees Association was founded in September1985. Redvers Cainey took the lead in getting this organization started and became its first president.

The aims and purposes are:

- To promote the interests of its members and generally to advance the economic and social welfare of the membership;
- To bring together retired members or their delegates to discuss issues pertaining to the membership;
- To make presentations to any and all committees of governments that would be of benefit to the membership;
- To secure legislation which will safeguard and promote the principles, rights and liberties of the membership;
- To encourage the membership to participate in their democratic institutions by exercising their full rights and responsibilities of citizens by voting in elections;
- To assist groups with their retirement preparation programs; and

- To work with the NSGEU and other Unions to further the aims of NSGREA

Presidents who served the organization are as follows:

Redvers Cainey	1985-94
David Campbell	1994-00
Bernie LaRusic	2000-04

Regroupement des Aînées et Aînés de la Nouvelle-Écosse This association was founded in October, 1994. Its objectives are to promote and develop the interests of the Acadians and Francophone seniors of Nova Scotia. It also has official responsibilities on important issues concerning the Acadian and Francophone population of Nova Scotia in the Acadian designated regions.

It has a membership of over 600 members. It deals with issues concerning health, pensions, continuing care and home care. This association organizes conferences, annual meetings, projects such as fall prevention, projects with Acadian schools, cultural publications and presentations throughout the province. Trips have been organized to: Newfoundland, Ile de la Madeleine, Prince Edward Island, Gaspé Peninsula, Ottawa, and Quebec City.

The president sits as a member of the Group of IX at their monthly meetings and discusses concerns on a continuous basis with the Senior Citizens' Secretariat.

It receives some funding through Heritage Canada and other funds through special projects.

Le Regroupement des aînées et aînés de la Nouvelle-Écosse est né lors d'un colloque tenu les 26 et 27 octobre 1994 B Halifax

Les buts du Regroupement sont:

- de promouvoir les intérLts généraux et particuliers de la population

aînée acadienne et francophone de le Nouvelle-Écosse

- d'assurer l'épanouissement de cette population
- d'Ltre le porte-parole autorisé de cette population.

Le Regroupement se penche sur des sujets et domaines que touchent particuliPrement les ainé-e-s tels que les pensions, les soins B domicile, la santé, etc. En plus, il organise des activités sociales provinciales différentes de celles des clubs locaux telles que des conférences, des projets de collaboration et des ateliers B l'échelle provinciale.

Le Regroupement compte plus de 600 membres répartis dans les sept régions acadiennnes de la Nouvelle-Écosse. Le Conseil d'administration du Regroupment est composé de représentant venant de chaque région. Pour de plus amples renseignements au sujet des activités du Regroupement ou pour devenir membre, n'hésitez pas B communiquer avec le bureau du Regroupement au (902) 433-0860.

Past Presidents:

■ Edith Comeau	1994—1996
■ Felice Belliveau	1996—2000
■ Omer Blinn	2000—2003
■ Blair Boudreau	2003—

Headquarters: Maison Acadienne
57 Queen Street
Dartmouth, NS
902-433-0860

- Diretrice Général: Erina Termine

The Nova Scotia Retired Teachers' Association In 1961 the Nova Scotia Teachers' Union (NSTU) made provision for the organization of special associations with objectives, formation and protocol guidelines and allowances for national and international affiliations.

The Halifax CPX (a group of 25 retired female educators) formed the first Retired Teachers' Association in the province on May 25, 1966. Over time the Nova Scotia Retired Teachers' Association has grown to a membership of over 4,400 with twenty-five regional branches throughout Nova Scotia. Since the formation of the Canadian Retired Teachers Association (CRTA) the Nova Scotia Retired Teachers' Association has been an affiliated member.

The aims of the Association are:

a) To maintain and increase professional and social contacts;

b) To keep informed on subjects of educational development;

c) To maintain a liaison with the Nova Scotia Teachers' Union; and

d) To furnish recommendations and advice to the Provincial

Phil Hughes, Chair Group of IX

Executive and other committees of the NSTU on matters affecting the welfare of retired teachers.

Those serving as president of the association since 1966 are as follows:

- C.L. Fillmore 1966—67
- Margaret Zinc 1967—68
- Dorothy Curtis 1968—70
- Laurie Sarty 1970—72
- John Olliver 1972—74
- Donalda Fraser 1974—77
- Graham Hennessy 1977—78
- Margaret Fitzgerald 1978—82
- Alice MacMillan 1982—83
- Pius Nearing 1983—84
- Jessie James 1984—86
- Marion MacKinnon 1986—88
- Allison Dalton 1988—90
- Roy Rideout 1990—92
- Dorothy Lawrence 1992—94
- Shirley I. Bradshaw 1994—96
- Joe Maidmant 1996—98
- Betty Miller 1998—00
- Doug Manzer 2000—02
- Phil Hughes 2002—04
- Walter Farmer 2004—

The Royal Canadian Legion, Nova Scotia/Nunavut Command The history of the Nova Scotia Command of The Royal Canadian Legion really began with the GWVA (Great War Veterans Association) early in 1925, for at a time of the Union of the various Veterans organizations that brought the Legion into being. The Nova Scotia Command of the GWVA simply became the Nova Scotia Command of the Canadian Legion of the British Empire Service League, on July 17, 1926.

During World War II the Command made arrangements so that all personnel leaving for overseas were seen aboard the ship, and all those returning were welcomed home. Nova Scotia Command was unquestionably the busiest Command, by far, in Canada during the war years. It was in the forefront of the fight to assure that those returning from overseas, got a better deal than had the veterans of World War I. The present day veterans charter is largely due to the efforts and resolutions emanating from Nova Scotia Command.

In 2000, Chuck Murphy, Dominion President approached Nova Scotia Command with the request that Nova Scotia Command consider a request from the branches in Nunavut Territory joining with Nova Scotia Command thus permitting the members to be able for the first time to take complete advantage of all of the programs available to all Members of The Royal Canadian Legion. During the Command Biennial Convention held in Truro, in May 2001 a vote was taken and a unanimous decision was made thus combining Nova Scotia Command with Nunavut Territory to become Nova Scotia/Nunavut Command. During the Dominion Convention held in Edmonton, Alberta, this decision was once again ratified by the Dominion Convention.

Nova Scotia/Nunavut Command consist of two Districts and 120 Branches which are divided into 15 Zones. There are 8 Executive Officers, 2 District Commanders, 15 Zone Commanders and 4 Staff Members (Command Secretary-Treasurer, Command Service Officer, Administrative Services and Bookkeeper). The Command Office is located at 5621 Rainnie Drive, Halifax, NS.

It is significant to note that Nova Scotia/Nunavut Command of The Royal Canadian Legion has since it was first formed under the G.W.V.A. in 1925, continuously been an advocate and supporter of such programs for Veterans, Ex-Service Personnel and their Dependants as:

Veteran Services - Advocating with Veteran Affairs Canada and other organizations to promote the well being of all Veterans, Ex-service personnel and their dependants. Nova Scotia/Nunavut Command is continuously promoting changes to the benefits for our Veterans, etc daily;

Track & Field - Nova Scotia/Nunavut Command in conjunction with Dominion Command has sponsored 40 students and 4 coaches and chaperones to the National Track & Field competition annually since 1954, which leads to the Canada Games and Olympic Competitions. It is important to note that in the past two years, Nova Scotia/Nunavut athletes have set numerous new records for Nova Scotia and personal best records. Two of our athletes have gone on to Olympic level competition.

Leadership Training Camp - This is a program that receives 84 Students (42 males and 42 females) from across Nova Scotia and Nunavut and places these students in the hands of ten (10) professional teachers from across Nova Scotia for ten days to teach them leadership skills. Nova Scotia/Nunavut Command has sponsored this program since 1962.

Call to Remembrance - Nova Scotia/Nunavut Command developed this program, based upon the "Reach for the Top" television program, in which all Grades 7, 8 & 9 students compete against each other within their Zone/School District and then on to a Provincial Level. This program is totally sponsored by Nova Scotia/Nunavut Command and is currently in its 10th year.

Sports - Nova Scotia/Nunavut Command promotes such sporting games as curling (senior and regular), cribbage and darts that leads to a Dominion Command level competition. There are currently four or five teams that represent Nova Scotia in these competitions annually.

Other programs in which Nova Scotia/Nunavut Command is involved with daily, that are of significant note are: bursaries, scholarships, train the trainer, veteran senior housing, remembrance poster and literary contest, and lotto sweep.

In recent years, Nova Scotia/Nunavut Command has been successful in obtaining approval from various Governmental Departments in naming the #102 Highway the "Veterans Memorial Highway" the issuing of the first in Canada "Veterans License Plate" as well as the first Province in Canada to promote the teaching of Canadian Military History at all levels of schooling. Since July, 1926 the Command has had 38 Presidents. The Presidents for the past twenty years are as follows:

- 1981—82 T.J. Martens
- 1983—84 Otto L. Feener
- 1985— 86 J.K. Brown
- 1987—88 Robert E. Haley
- 1989—90 Gerald Cunningham
- 1991—92 Robie Horne
- 1993—94 Wilfred Edmond
- 1995—96 Fred Keillor
- 1997—98 John Landsburg
- 1999—00 Clarence Dawe
- 2001—02 Fred Mombourquette
- 2003— Victor Barnes

One must assume that membership in the Group of IX is based on the fact that it represents a specific body of seniors in the province. Otherwise, what authority would it have to take positions on social policy issues?

Meetings with the Group of IX are chaired by the executive director of the Senior Citizens' Secretariat. Since the year 2000, monthly meetings are held to consider specific agendas prepared in consultation with members of the Group of IX. The purpose of these meetings is to review social policy issues affecting seniors in the province. In addition, the executive director of the Senior Citizens' Secretariat arranges meetings with the ministers in the Secretariat. These provide two-way communications between government and seniors and seniors and government. Thus the Secretariat, through the executive director, makes sure there is a continuous means of communication between government and the nine organizations representing seniors throughout the province.

If the Group of IX wishes to become involved in some form of social action critical of government, it may do so through its own organization and Chair at any time. There is no requirement that it should act only through the director of the Secretariat.

The relationship between the Group of IX and the Secretariat requires careful definition and may easily be misinterpreted.

The representatives vary depending on who is elected head of each organization.

The government of the day may, from time to time, define certain social policy directions that it wishes to pursue. These may be contained in election manifestos or they may be the result of a specific MLA's concerns regarding social policy issues affecting aging and the aged. If the relationship between the government of the day and the Group of IX is to be positive and constructive, the government's policy direction should be discussed with the Group of IX. The Secretariat staff act as a medium through which these two groups communicate with each other.

The Group of IX, because of its role and function, is concerned with the well-being of seniors and the development of social policies that will advance that well-being. The government is equally concerned, but it has other responsibilities that must be balanced and prioritized with regard to the resources available to government and political considerations.

Inevitably specific situations will arise in which the Group of IX is recommending policies unacceptable to government. In many such cases, the central problem will be the lack of resources available to government. The staff of the Secretariat, in all these situations, has the responsibility of examining the arguments for and against whatever is being proposed and presenting these in the best professional manner.

From time to time the government is likely to take positions that will be unacceptable to the Group of IX. Government is answerable to the voters and the public. In that respect it is an inescapable fact that the final resolution in difficult situations will be political. That is where accountability lies.

I've already stated that the Secretariat is a Cabinet Committee and the executive director acts on behalf of that Committee. It must be clearly understood, as a matter of common sense, that the executive director should not be expected to express public criticism of the body for which he or she speaks. Government creates the policy positions for the Cabinet Committee that is the Secretariat. The executive director is the chief executive officer of that Cabinet Committee and when social activism is called for, the most the CEO can do is to bring the two parties together, government and seniors, and hopefully reconcile such differences as may exist.

These comments may raise a question as to the advocacy role of the Senior Citizens' Secretariat. This is a difficult issue and does not have an easy answer. The Secretariat staff, through its research arm and its general association with seniors throughout the province, becomes fully aware of those issues of major concern to seniors. By the same token, the staff of the Secretariat becomes quite conversant with the budgetary issues facing government and the issues of political priorities. In the final analysis, the Secretariat must understand that government, in a social democracy, has a political agenda and must act on that agenda. The fate of a government at election time rests on how well and wisely it handles that agenda.

There is no ready answer as to how the executive director should cope with this situation. It must remain a matter dependent on the relationship between the executive director and the Chair of the Secretariat.

The Group of IX has evolved over the past 12 years. Obviously, if the Secretariat is to successfully fulfill its mission, that evolution must continue in respect to structure, role, and function. Growth and change are inevitable. Thus new organizations may develop representing constituents of seniors. If and when this happens the Group of IX may enlarge accordingly. It is not a static entity.

The Group of IX was asked to serve as an advisory committee to the Minister of Health on issues related to pharmacare and long-term care. This has resulted in placing seniors in the policy decision process and having seniors' input on program changes.

The *Romanow Report* was submitted to the Government of Canada and is the subject of extensive comments and debate. In line with the Romanow recommendations, the federal government has committed more financial resources to meet Canada's growing health needs.

The argument continues about the degree to which private initiatives may be provided for and financed by government in the years ahead.

The Group of IX has made recommendations regarding the *Romanow Report*. These recommendations may be summarized as follows:

- increase the investment in health promotion
- restore federal funding
- prohibit user fees
- commit to long-term funding
- improve performance measurement systems
- develop a national home care strategy
- include the nursing care component of long-term care under medicare
- make prescription medications accessible to all Canadians
- improve mental health care for seniors
- address the special health needs of frail seniors
- expand publically funded health care and reduce the need for private health care
- be more responsive to the needs of seniors

The *Romanow Report* was received in November 2002 and the Group of IX responded with a letter, which is contained in Appendix K. There has been no detailed study or analysis of the *Romanow Report* beyond this correspondence.

Summing up, the Group of IX has two distinct functions to perform:

1. It serves as a means of discussion and communication between government and the private sector concerned with aging and the aged. The

Director of the Secretariat serves as a facilitator for these discussions and communication.

2. The Group of IX has a responsibility to act on behalf of the senior community of Nova Scotia quite apart from the Secretariat. This allows the Group of IX to act independently of the Secretariat and government. In this role, disagreements may be expressed with government policies and decisions, and the Secretariat would have no responsibility for this action taken by the Group of IX.

The Group of IX is unique to Nova Scotia and is being used as a model by other jurisdictions in Canada as an effective means of communicating the needs of seniors to politicians and bureaucrats alike.

c. Assessment of Seniors' Needs

Transportation Needs

The provision of transportation services for the aged and aging has remained a constant issue of concern from the beginning of the Secretariat.

In the Halifax urban area, some progress has been made in meeting this need. For example, the transit system provides Access-a-Bus, and while this is an improvement it still falls short of meeting the need of the senior population. The demand far exceeds the capacity of the existing services. Appointments must be made several weeks in advance and this kind of advance planning is simply not possible for seniors in many cases. The system has little flexibility so that some appointments may have to be changed without much advance notice. This presents difficulties.

A number of private individuals have volunteered their services for transportation. Private provision of transportation has always been difficult because of the insurance requirements for the vehicle and clients.

Rural transportation outside of Halifax and in rural areas presented a serious problem.

Service Nova Scotia and Municipal Relations partners with several other government departments and agencies to provide a diverse range of safe, affordable, and accessible public transportation services to meet the needs of rural Nova Scotians including those who are disabled, disadvantaged, or elderly. These services, available in many parts of the province, are part of the *Dial-A-Ride Nova Scotia* network.

Partial funding for these services is provided under the Community Transportation Assistance Program (CTAP). Non-profit organizations interested in developing new community-based transportation services are eligible for a grant upon approval of a summary business plan by Service Nova Scotia and Municipal Relations.

Dial-A-Ride services are currently available in the following areas: Annapolis County, Cape Breton Regional Municipality, Clare/Digby County, Colchester County, Halifax Regional Municipality, Hants County, Kings County, Lunenburg County, Pictou County, and Yarmouth County. In addition, Shuttle Services are available in a number of local communities as well.

We are now offering solutions to some of the transportation problems seniors were experiencing in the 1980s and 1990s.

Homemakers

To understand the development of the Co-ordinated Home Care Program in Nova Scotia it is necessary to trace how homemaker services developed and became complementary to the Co-ordinated Home Care Program.

The origin of homemaker services in Nova Scotia goes back to 1946 when the Red Cross Homemaker Service was established. By 1973, there were 15 homemaker services operating in Nova Scotia. In preparation for a conference on homemakers held between April 17 and 19, 1974, Bessie Harris obtained data from these organizations. She found there were 92 homemakers employed—13 were teaching homemakers and 79 were visiting homemakers. Most of the clients served had low incomes and could be considered dysfunctional families.

The population served by the homemakers varied. Those agencies affiliated with the Nova Scotia Family and Child Welfare Association generally dealt with families where children were in need of protection, whereas the city of Halifax programs were aimed at the elderly and Social Assistance recipients. The only program that was generic in serving a broad population base was that of the Red Cross.

Homemaker services were not available in all areas of the province. The nine counties of Antigonish, Colchester, Digby, Guysborough, Inverness, Queens, Richmond, Shelburne, and Victoria did not have any homemaker services in 1974. In other counties the services were clustered in the large population centres. The cities of Halifax and Sydney between them had approximately 54 per cent of the available homemakers in Nova Scotia.

In September 1974, a previously appointed Task Force on Homemaker Services found that Nova Scotia lagged behind several other provinces because of inadequate funding and a lack of public awareness. It was recommended that the province not only take the initiative in enacting legislation in this area but it should also provide the funding for homemaker services. An example of the unpredictability of the funding was evident when funds from the Federal Local Initiative Program (LIP) ceased in March, 1974. Homemaker agencies were reduced by over half from 15 to 7 and the provincial government made no efforts to keep these agencies operating. The Task Force recommendations were not acted upon at this time.

In 1978, an Advisory Committee was appointed by the Minister of Social Services, Honourable Jack MacIsaac, to study and make recommendations about homemaker services. At this time there were 10 agencies with 59 homemakers and the annual costs were $200,000. The Advisory Committee outlined the positive impact of homemakers in providing services to persons in their own homes and communities. In addition the Committee strongly recommended legislation that would set standards and provide funding for these services. Finally, in February 1982, the *Homemaker Services Act* and Regulations were proclaimed, thereby providing legislative standards and ongoing provincial government funding to maintain and develop supportive homemaking services for families. At that time there were 38 active agencies providing homemakers with 1,750 clients and an annual expenditure of $1.6 million.

Workers in this field were interested in forming an association. In an effort to help the organizational activities establish a homemakers association, the Department of Community Services offered a grant of $10,000. By the fall of 1982, the Nova Scotia Association of Homemakers Services was formally incorporated.

On April 1, 1984, the government started a Home Life Support Program, which was to encourage, foster, and assist maximum feasible independence and freedom of choice for senior citizens and disabled persons. This objective was to be achieved by

- increasing the level of cost-sharing support to municipalities and agencies for homemakers to double the number of homemakers from 151 to 330
- increasing the number of senior citizens and disabled persons served in their own homes from 3,300 to 6,500
- expanding services to include day care for senior citizens, information and referral services, respite care, meals-on-wheels,

wheels-to-meals, home handyperson

- offering these new employment opportunities to Family Benefit and Social Assistance recipients who wish to and are capable of participating in providing Home Life Support Services

Some financial assistance was available for agencies to include these services but this was a temporary measure only and the program was a dismal failure.

Between 1984 and 1988, financial restraints became quite severe. In spite of this, the Homemaker Agencies were able to maintain the commitment to the services established for seniors and the disabled. By 1988, there was considerable public support for these services also.

The title "homemaker" was changed to "home support worker." In 1992, home support workers provided an average of 42,998 hours of direct service each month to clients of the Co-ordinated Home Care Program.

Home Care

The Secretariat was the primary agent responsible for the development of Co-ordinated Home Care in Nova Scotia. There has always been a misunderstanding of the elements that constitute a home care program. Some members of the medical profession would have us believe that home care is primarily concerned with the provision of medical services, which of course include the professional services of health specialists, such as doctors, nurses, occupational therapists, and physiotherapists. The facts are that the day-to-day activities of a home and a family are primarily social and dependent on a number of specific functions. As such, the medical needs of the family and the home are secondary. The primary needs relate to homemaking and making it possible for the family to maintain a quality of life consistent with family needs. These include meal preparation, housekeeping, child care, laundry, handyman services, telecare, transportation, snow removal, and property maintenance. These are all included under the general heading of homemaker services. Some proponents of home care like to leave the impression that home care is largely a matter of providing health services in the home. Not so! Dr. Evelyn Shapiro, of Manitoba, made this absolutely clear in her visits to Nova Scotia and her involvement with the Nova Scotia Home Care Program.

The Scripture states "that those who have ears to hear should hear" and it is high time that this aspect of home care should be understood.

The role of the Secretariat in respect to homemakers and home care requires careful analysis.

Responsibility for the encouragement, financing, and supervision of homemakers programs rested with the Department of Community Services in 1981. In like manner, when Co-ordinated Home Care became a reality in 1988, its direction and financing became the responsibility of the Department of Community Services as well.

On August 3, 1981, the Secretariat began to play an activist's role in promoting Co-ordinated Home Care. That role diminished until 1988, when the Secretariat exercised no further responsibility for the management of home care.

The Homemakers program was the precursor of Co-ordinated Home Care in Nova Scotia and without a full and complete program of homemaker services there could be no adequate and meaningful home care program. Several so-called medical specialists have made public statements about seamless home care, implying that it is all health-related and that is where the emphasis should be.

The Secretariat has consistently taken the position that home care requires the co-operation of two disciplines—Health and Social Services—with each one playing a vital role in this program. These disciplines must work together in a co-operative way, recognizing their different roles and functions. This interprofessional recognition should result in seamless services to those requiring care.

The 1981 spring issue of *Community Services in Nova Scotia*, a publication of the Department of Community Services, contained the following:

"The Senior Citizens' Secretariat decided in the summer of 1980 that one of its first tasks should be to examine the feasibility of a co-ordinated home care program in Nova Scotia. An implementation committee of representatives from Health, Community Services, and Housing was appointed under the Chairmanship of the Director of the Secretariat..."[9]

Government had decided on the basis of a recommendation from the Secretariat that demonstration projects should be carried out immediately in two areas—Lunenburg and Pictou Counties—with the understanding that, if possible, a decision would be made late in the fiscal year 1981—82 as to the feasibility of a province-wide Home Care Program. Lunenburg and Pictou Counties were chosen because both had well organized and effective homemaker programs. A homemaker service was basic to the development of Co-ordinated Home Care.

The Implementation Committee defined home care as:

"Home care is a co-ordinated service delivery network which meets the needs of people who require assistance and support in performing the daily activities of living and/or health maintenance at home."[10]

The Home Care Program was for seniors 60 years of age and older. The two departments of government directly concerned, Health and Community Services, were responsible for the provision of a portion of the home care program. The co-ordination came about through the implementation committee and the departments concerned. A local admission and assessment team, consisting of representation from Health and Community Services, determined eligibility for services and applicants were referred to the appropriate agency, either in Health or Community Services, or both. If the applicant was within the parameters of the income test set by the federal government for cost sharing under the Canada Assistance Plan, the service was provided free. Otherwise the service was paid for by the applicant on a sliding scale.

A broad range of services in Community Services made up the home care program. Homemakers were one necessary aspect of the home care program. Meals on Wheels, Day Care Centres, and Telecare were three specific programs that were central and important if a comprehensive home care program for seniors was to be established.

In addition there were other supporting services that, while not an integral part of a home care program, were a basic and supportive part. For example, Municipal Property Tax Rebates were a significant element in helping people remain in their own homes and communities. Rental subsidies served the same purpose and both of these programs were carried out by the province. Home repairs, which were the responsibility of the Nova Scotia Housing Commission, were valuable aids in helping seniors to maintain their own homes.

Snow removal from driveways and country lanes was a very significant deterrent in having people continue living in their own homes during their senior years. The importance of this becomes evident during winter such as the one experienced in 1981. The Secretariat studied ways and means of alleviating this problem.

The two pilot projects undertaken in Lunenburg and Pictou Counties in 1981 demonstrated specific requirements for a co-ordinated home care program:

- there should be a single entry point for the assessment of eligibility for care.

- close co-ordination and co-operation between the departments of Health and Community Service were essential.
- a variety of services were required for a successful home care program.

Surveys have shown that income and loneliness were the two primary problems affecting seniors. Loneliness, isolation, insecurity, alienation, and boredom all contribute to the decision seniors may make to leave their homes and sometimes leave their communities. These problems are subtle, and most, if not all, of them are beyond the scope of government at any level to solve satisfactorily without the co-operation of the community as a whole and concerned individuals in it. Nursing home care, on the other hand, is determined by the level of nursing care a person requires.

Home nursing is one of the very important services in a home care program. The Victorian Order of Nurses played a major role in home nursing services in this program. There were, of course, other health aspects of home care, particularly in the area of rehabilitation that included occupational therapy and physiotherapy. We tend to think of rehabilitation as helping people become self-supporting and finding jobs in the labour market. That of course is a very narrow concept of rehabilitation. In its broadest sense, rehabilitation should be considered as much for individual well-being as for the restoration of lost abilities and capacities directed at self-support. It was in this sense of well-being that rehabilitation was primarily considered in the home care program for the aged.

There is a prevailing notion across Canada that home care is less expensive than institutional care. There is still no proof that this is so. Certainly it is not less expensive in the short run and, in the long run, it would be exceedingly difficult to produce statistical proof that home care is cost effective. The provision for home care should not be based primarily on cost considerations or on the hope that in the long run it would be less expensive. Rather, the justification should be that it gives the older person a choice. In some cases, individuals preferred to go to a nursing home and it may be that such a plan is better for all concerned and especially for the individual. However, most seniors prefer to remain in their own homes and communities as long as they can and it is that choice and option which home care supports and makes possible.

As matters stood then, many older persons in Nova Scotia had no choice. Excessive property taxes, physical inability to maintain a home, low income, isolation and loneliness, insecurity, the death of a spouse, physical and mental deterioration—any one or several of these factors working together meant that the senior had to pull up stakes and go to a nursing home. That very often was an unwanted, nightmarish prospect accepted only after months of soul searching and worry because there was no other choice.

Representatives from the Secretariat and the Departments of Health, Community Services, and Housing visited all the provinces in Canada to discuss and assess what was being done elsewhere in the provision of home care. As might be expected, there were a variety of programs and most of the Western provinces were providing outstanding leadership in this area. Certainly there was ample precedent for Nova Scotia to develop a program suited to our special needs and that would help us avoid some of the mistakes that were inevitable in the pioneering efforts in the other provinces that developed home care programs.

It may be that a Department of Health is capable and competent to perform the social functions referred to as basic in a home care program. Emphasizing the importance of meal preparation, grocery shopping, telecare, snow removal, and the like does not necessarily imply that only a Department of Community Service is capable of encouraging and supporting these functions. What must be emphasized is that meal preparation in the home is equally important with health services and which department promotes this specific function is not the issue. The basic issue is recognition that home care is broader than health services and viewing home care primarily as a health service in the technical sense excludes the most vital components of home care—meal preparation, personal care and support, grocery shopping, telecare, and housekeeping.

The Speech From the Throne, delivered on February 27, 1986, announced that the government of Nova Scotia "had designated an interdepartmental committee of the Deputy Ministers of Health, Housing, and Community Services to co-ordinate a comprehensive home care program for Nova Scotia. The interdepartmental committee, in association with the Senior Citizens' Secretariat and the Senior Citizens' Commission, consulted appropriate volunteer, church, community, and disabled persons organizations concerning the most suitable co-ordinated home care program for the province."[11]

To understand the relationship of the various committees established, the structure of the newly-developed home care program was as follows: The Home Care Co-ordinating Agency consisted of the Ministers of Community Services, Health, Housing, and Municipal Affairs with the Minister of Community Services chairing. A Deputy Ministers' Committee on Co-ordinated Home Care reported to the Ministers and was chaired by the Deputy Minister of Community Services and consisted of the Deputy Ministers of Health, Housing, and Municipal Affairs. In addition, the Nova Scotia Home Care Advisory Committee reported to the Deputy Ministers.

The Honourable Edmund Morris, Minister of Community Services, released the following statement on July 21, 1987:

"Twenty-one organizations and individuals are being invited to be the first members of a new provincial Home Care Advisory Committee." These were:

Nova Scotia Federation of Senior Citizens; Canadian Pensioners Concerned; Cape Breton Senior Citizens; Nova Scotia Senior Citizens' Commission; Victorian Order of Nurses; Red Cross Homemakers Division; Registered Nurses Association of Nova Scotia; Nova Scotia Command, Royal Canadian Legion; Canadian Paraplegic Association; Council of Churches; Nova Scotia Medical Society; three municipal representatives to be nominated by the Union of Nova Scotia Municipalities; two representatives from the Nova Scotia Association of Homemakers Service; two representatives from service clubs; two representative recipients of direct home care services; and a representative from the university academic community.

Twenty-four persons formed the above Advisory Committee. Chairing the Home Care Advisory Committee was Reverend Gregory MacKinnon, the President of St. Francis Xavier University. The other members are listed in Appendix L.

Mr. Morris, in his press release, further stated:

> *"The initial membership of the Home Care Advisory Committee has been chosen to best represent the interests of volunteers and professionals who will be delivering home care services, senior citizens and disabled persons who will be receiving services, and such as churches, municipalities, the University Academic Community and the Royal Canadian Legion who have a continuing commitment to quality home care. As home care develops, the Advisory Committee can be added to or otherwise changed to reflect current circumstances."* [12]

The Nova Scotia Senior Citizens' Secretariat was asked to serve as secretary to the Advisory Committee, which reported to the Deputy Ministers' Committee on home care. Valerie White fulfilled that role.

The Co-ordinating Agency (the Ministers' Committee) named Patricia

Ripley as Acting Provincial Co-ordinator of the Home Care Program. She served in that capacity, in addition to her regular duties as special assistant to the Deputy Minister of Community Services, until a permanent full-time provincial home care co-ordinator was appointment.

In the spring of 1988, a Co-ordinated Home Care Program (CHCP) was established in Nova Scotia with the mandate to implement and manage co-ordinated health, housing, and community service to help persons in need remain in their own homes and whose functioning without home care would deteriorate and thus make it impossible to remain in the community. Services were designed for seniors, the disabled, and families at risk.

In October 1988, the Honourable Thomas J. McInnis approved the establishment of a Task Force on the Financing of Homemaker/Home Care Agencies. Because homemaker agencies were to become the "entry points" into the new Co-ordinated Home Care Program, the financing of these agencies was reviewed to make sure there was consistency, stability, and clear roles defined for the two funding sources: the Province of Nova Scotia and Nova Scotia municipalities.

By March 31, 1990, homemaker services became available in every area of Nova Scotia with 29 of the 35 homemaker agencies serving as entry points into a Co-ordinated Home Care Program. Core services included homemaking, home nursing, and a range of housing programs. Co-operation with local agencies and community groups was fostered to promote and establish programs such as Meals-on-Wheels, Friendly Visiting, and transportation. Special funds were made available to cover costs for snow clearance, heavy housework, and other services needed by the clients.

Robert Moody, a former Director of Financial Services for the Department of Community Services, had been seconded to the Nova

Scotia Management Board as the Director of Electronic Data Policy. In February 1988, he was appointed the provincial co-ordinator of the Co-ordinated Home Care Program. He held this position until January 1990 at which time Nina Clarke was appointed. She remained in this position until December 1992 at which time she was appointed the regional administrator for Community Services in northern Nova Scotia.

This history of the Secretariat is being written several years after the initial events that brought about the formation of the Co-ordinated Home Care Program. In the meantime, responsibility for the administration of the Home Care Program has been transferred from the Department of Community Services to the Department of Health. Sufficient time has now elapsed to allow full and complete assessment of how effective home care has been.

We have already stated the obvious fact that because two disciplines have to exercise responsibility for the success of the program, there is an ever-present danger of it becoming lopsided and thus losing its effectiveness. The need for health-related intervention and involvement is obvious. The other side of the equation is crucial for a holistic approach for people in need: snow removal, grocery shopping, telecare, and transportation facilities are all requirements in a home as well. If only one of these aspects of home care is neglected or considered unimportant the objectives of home care will be doomed to fail.

Let us take a simple example. The value of co-ordinated home care has been amply demonstrated by the Sisters of St. Martha in Antigonish. If a husband who has a serious illness is sent home where there is a wife and four or five children, there is a very specific need for continuous contact and encouragement for the overworked and, in many cases, overburdened mother. To have doctors and nurses doing this on a day-to-day basis would be costly and impractical. This example can be multiplied over and over. It has a direct bearing on the cost and effectiveness of home care and it has little or nothing to do with medical techniques or procedures. There are levels of support and services required by the two disciplines involved.

The Advisory Committee on Home Care announced by the Honourable Edmund Morris on July 21, 1987, served a most useful function bringing together, as it did, all the stakeholders in a successful home care program. Home care lost that input into the program when the Advisory Committee held its last meeting on May 27, 1993. Father MacKinnon did not feel any of the recommendations of his committee were being acted upon and said the committee was virtually ignored by the bureaucrats. The program now is the sole responsibility of the bureaucrats appointed by government. It can be readily demonstrated that the volunteer sector should have an active role in a good home care program. How will this be achieved if that sector does not have some useful role and function in the program? The Morris Advisory Committee met that need.

There exists an illusion that the home care program began with the Department of Health. The home care program began under the leadership of the Senior Citizens' Secretariat.

Seniors' Outreach Program

The Secretariat, in conjunction with David Lank, the former administrator of Valley View Villa in Pictou County, established a very successful program in 1979. It is still in operation and includes: Help Line, Wheels-to-Meals, Telecare, Lifeline, nutritional care, home maintenance, equipment loaning, and a library service to persons in their own homes and in nursing homes.

Bill Shakespeare Project

In 1981, the Secretariat gave special consideration to the development of a program that would involve seniors helping seniors with the many tasks required in a home. Bill Shakespeare, a volunteer working with the Secretariat, conducted studies in Dartmouth and Halifax on this issue and these studies indicated a need for this special kind of service. By this time private enterprise became interested in providing such a program. An agency has now been established. It is listed in the telephone book and is available to all seniors who need help meeting special needs. The persons providing the services are not necessarily seniors. Various age groups are recruited to provide the services needed.

Senior Citizens' Opportunity Programs for Employment (SCOPE) was also seriously considered and meetings were held to discuss ways and means of introducing a practical program along these lines. Eventually it was undertaken as a business venture by a private enterprise, Seniors for Seniors. It provides employment opportunities for workers 50 years of age and older. Positions available include: homemakers, handy-persons, home cleaners, and companions.

The Seniors Helping Seniors concept is currently being researched by the Secretariat.

Seniors' Foundation

In the early years of the Secretariat, serious consideration was given to the development of a senior citizens' foundation that would be managed by an independent group of citizens and would collect funds for agencies helping seniors. The idea of developing a foundation was eventually dropped, not because it was considered impossible to achieve but rather there was considerable question as to whether it was a priority issue at that time.

Elder Abuse

As early as 1972, a Regional Administrator in the Department of Social Services brought a number of cases of elder abuse and neglect to the attention of the Departments of Health and Social Services Interdepartmental Committee. Senior officials in the Departments of Health and Social Services were asked to study the matter and make recommendations to the joint committee chaired by the deputy ministers of Health and Social Services. The consensus reached, following discussions with the appropriate government departments and other interested parties, that there would be little public support for new legislation regarding this matter.

The director of the Senior Citizens' Secretariat expressed concerns about elder abuse and neglect and wrote a letter on December 16, 1982, to the Honourable Jack MacIsaac, Chairman of the Secretariat. A copy of that letter is contained in Appendix M. As well, letters on the same subject to Bessie Harris dated November 22, 1982, and December 9, 1982, are contained in Appendix N. At this time a committee was very active in establishing protocols for hospitals where cases of adult abuse or neglect were suspected. This committee consisted of Valerie White, the Secretariat; Paul Gerrard, Victoria General Hospital Social Work Department; Molly Rechnitzer, Halifax Infirmary Social Work Department; and Bob Haley, Department of Community Services. This committee met with the Honourable Edmund Morris and made recommendations concerning their findings.

The Senior Citizens' Secretariat sponsored the Conference on Aging and the Aged at St. Francis Xavier University in Antigonish from June 10—12, 1984. The focus of one of the conference workshops was on crime and elder abuse. By that time public opinion has become aroused by the number of abusive situations that were receiving serious public attention. This workshop, chaired by Doreen Fraser, President of Canadian Pensioners Concerned, consisted of the following resource persons:

- Dr. Roy A. Fox, Professor of Medicine, Dalhousie University, Consultant, Geriatrician, Camp Hill Hospital
- Const. Neil W. Logan, Senior Citizen Advisor, Halifax Police Department
- Rod Chisholm, Crown Prosecutor, Department of Attorney General Antigonish
- Session Recorder: Bob Haley, Chief Instructor, Social Services Training Programs, Department of Social Services

The major recommendation of this workshop was that there was a need for new legislation concerning guardianship and protective services for the elderly. It was important that professionals and the general public become more aware of elder abuse, but awareness would not be effective unless appropriate laws were enacted. An act was required that would be as strong and effective as the laws governing childhood abuse and neglect.

The Honourable Edmund Morris was Minister of Social Services at the time this conference was held. In fact, Mr. Morris was a participant at the conference. He received and considered the recommendations of the conference workshop. Mr. Morris immediately took steps to put these recommendations into place. The Solicitor for the Department of Social Services, Martha Muggah, was responsible for drafting the legislation and getting the program underway. The *Adult Protection Act* was proclaimed on January 6, 1986, and continues to offer protection from abuse and neglect of adults who lack the physical or mental ability to protect or adequately care for themselves.

Douglas Penny was the first provincial co-ordinator responsible for bringing the Act into effect. He was replaced by Nancy Cochrane in December 1986. Nancy resigned from this position in June 1998. She was replaced by Rob Turnbull who is the current provincial co-ordinator. It is interesting to note that the effect of the new legislation was not confined solely to the aged and aging who might be abused and neglected. Community Services officials found it difficult to accurately define the terms "aged" and "aging." To solve the problem, the word "adult" was used in the broadest sense so that there would be a seamless coverage providing protective services for children up to 16 and all adults over 16. Thus, this legislation applied not only to handicapped persons but to all adults who might be neglected, abused, or in need of protection.

The adult protection legislation was one of the most progressive steps taken by the Secretariat in its early years. The Department of Community Services and the Honourable Edmund Morris deserves commendation for introducing this practical and far-reaching piece of legislation.

This program was transferred from the Department of Community Services to the Department of Health on April 1, 2000, when several other programs relating to seniors were also transferred. There are 16 fully qualified social workers located in provincial continuing care offices throughout the province enforcing the provisions of the adult protection legislation.

The extent of elder abuse and neglect may be best understood by comparing the statistical reports for 1986 and 2003. In 1986, the first year in which the new Act was implemented, 340 cases were reported and investigated. Currently there are 1,300 cases of elder abuse and neglect being carried by the Department of Health.

Elder abuse is an unpleasant feature of the pressures and stress confronting seniors in the current home and community environment. One positive outcome of this legislation is the fact that seniors are empowered by it to attain a better quality of life. Without the legislation physical, emotional, and psychological abuse with all its subtleties would be an ever-present threat to seniors by family members and others.

The Department of Health is currently conducting a review of the Adult Protection legislation. In addition, there is an Elder Abuse Strategy Committee under the Secretariat which was established in November 2001 to oversee the implementation of the Elder Abuse Strategic Plan of April 1, 2001. The committee acts as a central focal point through which elder abuse activities are co-ordinated. There are more than a hundred recommendations in this plan that outline the strategies, activities, and partners needed to prevent and respond to elder abuse in Nova Scotia.

Nova Scotia Centre On Aging

One of the first priorities considered by the Secretariat in 1980 was the need for a gerontology centre in an academic setting somewhere in the province. The university presidents were called together by the director on several occasions. Eventually a seminar was held on May 28 and 29, 1986, at the University of King's College chaired by Dr. James Perkin, the President of Acadia University.

There was general agreement with respect to the need for some type of academic centre. Using the words of the Chair, "There is mounting evidence to show that by the end of this century Nova Scotians, and indeed all Canadians, will be faced with very serious problems in respect to providing care and services for our aged and aging population ... long term social planning and the development of sound social policies are difficult tasks."[13]

It was hoped the centre would fulfil many and varied roles. They included the co-ordination of multi-disciplinary university courses in gerontology, an advocacy role on behalf of seniors, short courses to train volunteer workers, courses to help seniors participate more effectively in the administration of various organizations, pre-retirement seminars, bereavement counselling, and relevant legal advice regarding estate planning, wills, retirement planning, and living wills. There was a recognition that seniors living in rural areas did not necessarily have the same experiences or needs as those in urban communities.

One of the tasks of the proposed centre was, and continues to be, the promotion of the best use of university resources without becoming totally academically oriented. It was stressed that universities have much valuable information to offer to seniors, but the converse is also true. Seniors have much to offer in the classroom and in the cultural life of the university milieu.

Logic seemed to dictate that the centre should be organized at Dalhousie University because of the number of graduate faculties at that university, including Social Work, the Medical School, Schools of Nursing, Physiotherapy, and Occupational Therapy. Unfortunately, the president of Dalhousie University was not interested and was unwilling to undertake the establishment of a Gerontology Centre at Dalhousie University.

The next logical choice was Mount Saint Vincent University, because of its gerontology studies program. The Nova Scotia Centre on Aging was opened at Mount Saint Vincent University on April 14, 1992, and is one of 12 university-based Centres on Aging across Canada. The Centre is affiliated with the university's Department of Gerontology.

F.R. MacKinnon, Director of the Senior Citizens' Secretariat, gave the opening address. Dr. MacKinnon emphasized the importance of operating a centre with a program relevant to the needs of the aging population being served. This implied a program in which research and the day-to-day needs of the aging community are balanced.

The Nova Scotia Centre on Aging has a three-fold mandate to establish standards of excellence in research, continuing education, and community outreach/consultation in age-related issues. The Centre works in partnership with others—the academic community, governments, private sector, seniors and voluntary/professional organizations—on initiatives that will benefit the aged, their families, and communities. This blend of academic resources and community involvement characterizes the strength of the Nova Scotia Centre on Aging.[14] Indeed, the mandate and philosophy of the Centre reinforces Dr. MacKinnon's perception of what it should be.

Nova Scotia Seniors' Seminar For Better Hearing

Hearing loss is one of the most common and serious disabilities facing seniors. The ability to communicate with one another is basic to the well being and happiness of humans. If hearing loss is such that persons are unable to converse with others without the constant interruptions by asking them to repeat what has been said, it becomes frustrating for anybody involved in these conversations.

Because of the seriousness of hearing loss and the number of seniors so affected, it was decided in January 1987 that a seminar should be held primarily for seniors who suffer from hearing loss and who find themselves unable to take full advantage of hearing aids and other prosthetic devices. It should also be noted that seniors find it very difficult to use hearing aids. Often they are mislaid or lost. Many of them are not easy to insert into the ear, and for some reason many of them are noisy, prompting the senior to lay them aside. One has the impression that in spite of phenomenal technical advances in technical aids, the correction of hearing loss has improved very little over the past several years.

The Secretariat, with the co-operation of representatives from the Co-ordinating Council on Deafness of Nova Scotia, agreed to jointly sponsor a seminar that would bring together representatives of the professional community, hearing impaired seniors, officials of nursing homes, social workers, dealers and vendors of hearing aid equipment, and delegates from organizations serving the hearing impaired community.[15]

Aims and objectives of the seminar were

- to increase public awareness of the difficulties associated with hearing loss
- to encourage caregivers to improve skills in working with the hearing impaired
- to provide opportunities to hearing impaired delegates to become better acquainted with equipment designed to help them with their hearing loss

Originally, plans were made for the attendance of 75 delegates. The seminar was held at St. Mary's University on June 29 and 30, 1987. There were, in actuality, well over a hundred delegates.

The Chair of the Secretariat, the Honourable Jack MacIsaac, gave the keynote address. He emphasized the lack of knowledge and understanding on the part of the public of the significance of hearing loss, the affects of hearing loss, and the need for much greater public awareness. In fact, this lack of public understanding of the significance of hearing loss was the substantive finding of the seminar. The topics addressed were

- lack of resources in technical aids to help those with hearing loss
- relevant aural rehabilitation for hearing impaired senior citizens
- the problems associated with users and vendors
- finding a suitable and satisfactory hearing aid

The conclusions and recommendations emanating from the seminar were

- need for greater public perception and awareness of problems associated with deafness and hearing loss

- seniors lack financial resources to secure required technical aids
- serious lack of personnel with capacity for interpretation, i.e., signing
- the need for well qualified audiologists
- lack of attention to the financial needs of the hearing impaired
- the need for one single organization to give leadership on behalf of the hearing impaired (at the moment there are several)

The general consensus reached by those who analyzed the seminar's findings was that it was an outstanding success and was most helpful to all the participants.

Harold Shea provided staff and direction for the seminar. The seminar was financed by the federal government through New Horizons.

Cape Breton Seniors' Seminar For Better Hearing

The Cape Breton branch of the Co-ordinating Council on Deafness of Nova Scotia decided to hold a seminar on hearing impairment on September 20 and 21, 1988. Indeed, this program was a carbon copy of the Halifax seminar held at Saint Mary's University in 1987. The same objectives were outlined for the Cape Breton seminar and the conclusions were much the same as those in Halifax.

Housing Concerns For Senior Citizens

A seminar was held on September 27, 1988, at Mount Saint Vincent Motherhouse to study and examine housing options available for seniors.

The primary objective of this seminar was to produce a modest document for presentation to the CMHC Conference called "Housing Options for Older Canadians" and to conduct a provincial study on aging that would identify priorities for future housing initiatives for seniors.

Particular emphasis was placed on identifying gaps and shortcomings in current housing programs for seniors—both government and voluntary programs—and what should be done to make present housing programs more available, adequate, and effective, including fostering greater self-help housing efforts by seniors, their families, and their communities.

In addition, the seminar participants were asked to comment on those programs that were supportive to housing, Seniors' Special Assistance, Property Tax Rebate, Rental Assistance, and Home Care. How effective are these programs in supporting the efforts of seniors to remain in their own homes and communities? What are the strengths and weaknesses of these programs? Which are most useful? Why? Which are least useful? Why? What are the major flaws in these programs? What should be done to address these flaws?

Finally, are there serious gaps in our present housing network for seniors that can only be addressed by the introduction of new programs? What are the unmet needs? What programs are required to meet these needs? How should these programs be organized, financed, and delivered to ensure their availability, adequacy, and effectiveness in meeting serious housing needs?

The seminar was well attended, including representatives from

- Senior Citizens' Secretariat
- Senior Citizens' Commission
- Federation of Senior Citizens & Pensioners
- various senior citizens' clubs
- government officials from Community Services, Housing, CMHC, and New Horizons

The seminar produced a lengthy list of recommendations.

Many seniors felt that governments should be encouraged to offer help to seniors with large homes wishing to convert them to apartments. This assistance should be made available on the same terms and conditions as apply to builders in the non-profit market and would go a long way toward addressing the situation of those seniors who find themselves facing the high costs of maintaining large homes, long after their families have grown up and left the family home.

Pensions were discussed in the context of housing and housing affordability and all present were unanimous in recommending that the present pension legislation be revised to make sure the surviving partner receives the full amount of the spouse's pension entitlement. Far too often the surviving spouse, usually a widow, is forced to try and carry on maintaining a home, a property, and an established way of life on an income that is reduced at least by half.

In summary then, the seminar made the following recommendations:

1. Current programs of Seniors' Special Assistance, Property Tax Rebate, Rental Assistance, and Home Care are effective in supporting the efforts of seniors to remain in their own homes. They should be maintained and expanded in relation to changing needs. For example, the GIS means test is unduly restrictive for some seniors.

2. Senior citizens' housing units should be maintained and their numbers expanded, keeping in mind the following:

   a) the need for a mechanism to ensure greater involvement of seniors and the disabled in such matters as the location, style, layout, access, and safety in respect to senior citizens' apartments
   b) more positive emphasis should be placed on the selection and training of supervisory staff in the local housing authorities so that relations between the tenants and the authority may be on a more professional, compassionate, and humane basis
   c) home care programs should be available to seniors in these apartment units; home care should include provision for transportation, snow shoveling, home maintenance, heavy house cleaning, grass cutting, and yard work

d) self-help efforts on the part of seniors should be encouraged by the local housing authorities (for example, Tenants Associations might be helpful in achieving more self-help and seniors' involvement)

Every effort must be made by government and the private sector to make sure building codes and zoning by-laws contain the flexibility required to address the realities of aging.

Communication continues to be a central problem for many seniors who do not understand the programs and services available to them. The community services systems in health, housing, and community services in both the government and voluntary sectors are complicated and difficult to access. This issue will require the best efforts of government if it is to be addressed.

The need for affordable daycare and respite services for seniors and the disabled was emphasized.

The federal and provincial programs providing for housing repairs are commendable, but they should be extended with additional funds and broader terms of eligibility.

There is a pressing need for non-profit housing at reasonable rents, for middle income seniors who are able to pay their own way.

Innovative programs such as granny flats, reverse mortgages, and shared accommodations should be seriously examined.

Government should be encouraged to offer help in the form of loans to seniors with large homes who may wish to convert them into apartments for other seniors.

Pension legislation should be revised to make sure that the surviving spouse, usually a widow, should receive their spouse's full entitlement.

The toll-free line should be available to seniors on a 24-hour continuous basis and staffed accordingly.

Architects, builders, and housing authorities tend to have unrealistic expectations in respect to rural housing. The net effect is insistence on repairs and renovations that may not be considered a priority by the senior and that are beyond the financial capacity of all concerned, including government. A more realistic understanding of rural lifestyles would go a long way to solving this problem.[16]

The financial retrenchment of government during the last part of the 20th century resulted in curtailment of federal and provincial involvement in housing initiatives. For example, the provincial Department of Housing was abolished; few, if any, new housing units have been built over the past 15 years. The Department of Community Services is now charged with the responsibility of carrying out some of the duties formerly the responsibility of the old Department of Housing.

Briefly, housing for seniors in 2004 is not receiving the degree of attention it was given by government during the period from 1970 to 1990. Currently there is a Deputy Ministers' committee chaired by Dr. Tom Ward that is reviewing housing issues.

Pharmacare

The provision of prescription costs of medications has been and continues to be a major issue in the provision of health costs for seniors. Recommendations were made by senior citizens' clubs, seniors' organizations, and other activist bodies regarding these costs during the 1960s and 1970s. Finally in October 1974, the Premier, the Honourable Gerald Regan, announced the Pharmacare Program.

Under the provision of this new program, the costs of certain seniors' medications are being paid for by taxation. Not all medications are covered, but a goodly number were and the plan was open to extension if government so decided. The conventional wisdom maintained the system was open to grave abuse. Charges were made that physicians were over-prescribing medications. Patients were demanding medications from physicians. Finally, the charge was made that medications were being prescribed and not properly used, thus increasing waste and costs.

The costs of the plan increased dramatically over the first 10 years of its operation. The cost of Pharmacare for the first year was $7 million. After 10 years, the cost had increased to $26 million. This gave added weight to the argument that there were abuses to the plan and obviously the government could not continue financing a plan that increased each year without any significant changes in the eligibility rules.

Prudent Use of Medications

The Secretariat decided in 1994 to conduct a demonstration project to determine the nature and extent of the problems associated with medication use among seniors. The demonstration project was planned to determine the extent of overuse of medications by patients and physicians. Obviously the use of medications that are not needed add greatly to the cost of Pharmacare.

The fact that the costs of Pharmacare have been increasing annually at a rate of 10 per cent or more made it imperative that a solution be found. No government can finance a program that is escalating in the manner this particular program has increased since its beginning in 1974.

Winnie Milne, a social worker and Kari Barkhouse, gerontology graduate, were employed to carry out this project. Public hearings were held with seniors across the province and similar programs across Canada were examined to determine the most effective strategies for offering community-based education on the use of medications to seniors in Nova Scotia.

In the first phase of the project seniors told us one, that they wanted to be involved in the development and implementation of the program and two, that a medication education program must be designed to reach a particular segment of the senior population who are "hard to reach."

"Hard to reach" seniors are those, who, due to various social and/or physical factors, may be unable to retrieve or comprehend information delivered through conventional means of communication (i.e., TV, video, brochures, etc.). This group includes the frail elderly, housebound or otherwise isolated seniors, seniors who suffer sensory loss (sight, hearing, speech), or seniors who lack literacy or comprehension skills. This group of seniors represents a very large proportion of the senior population in Nova Scotia. The Secretariat believes that, using this definition, as many as two-thirds of Nova Scotia's senior population are "hard to reach" seniors who can only effectively receive necessary medication information on a one-on-one basis.

The second phase of the project was conducted by Kari Barkhouse between January 1996 and March 1997 through funding provided by New Horizons: Partners in Aging, Health Canada. Phase II, a pilot project in Kings County, Nova Scotia, offered medication education and awareness to all seniors within the county, with a particular emphasis on reaching the "hard to reach" senior. Seniors were provided education through one-on-one visits in their own homes and in small groups sessions in the community using trained senior volunteers as peer educators. Medication review clinics were also carried out in the community. This project was designed to involve seniors in the education process and encouraged the participants to do all they could to avoid medication difficulties. An educational manual was developed to train peer educators.

The funding ran out for the project and a final report was completed with the following recommendations:

- this was a pilot project and it should be extended to cover all the province

- demonstrate to seniors the importance of their medications and how to manage them better
- involve health professionals to a greater degree, and make sure they work closely with seniors using the medication
- give more attention to identifying "hard to reach" seniors who require special assistance and aids in learning to use medications properly
- expand the use of peer educators that would be required, of course, if the program became province-wide

These recommendations were presented to the Minister of Health, the Honourable Jim Smith, but funding was not forthcoming.

This is typical of a situation where we have a very good idea of how to improve the situation but we are not willing or able to use the knowledge available. We are aware that drugs and medications are being abused by seniors and probably by physicians through unnecessary prescriptions. We know drugs prescribed are wasted. We know this adds considerably to costs and accounts for the large annual percentage increase to the costs of the Pharmacare program. We know, as well, that most control will have to be put in place on a one-to-one basis. A financial investment must be made if the program is to be improved and costs reduced.

Unfortunately, notwithstanding a successful demonstration of how these shortcomings may be addressed and remedied, governments so far have been unwilling to make the necessary investments.

Safe Driving

The Secretariat had been aware for some time of the unfair publicity given to seniors regarding their driving abilities. In the case of an accident involving a senior, it has been standard practice for the newspapers to emphasize the fact that one of the drivers in the accident was a senior and call attention to any mistakes or faults attributable to the senior that might have caused the accident. During the first week of April 2003, the age of a senior involved in an accident was stated in the newspaper report whereas the age of the second driver was not mentioned.

This negative attitude toward seniors is totally unfair and constitutes rank discrimination. Statistics collected across the country do not back up the assertions in the press or the inferences the press implies.

For the above reasons, the Secretariat decided to establish a committee to study the driving habits of seniors and determine to what extent seniors were responsible for driving accidents. The committee began its work in May 1995 and reported to the Cabinet of the Nova Scotia Government April 18, 1996. The committee continues to study issues related to safe driving for seniors. The committee met with the Ministers and Deputy Ministers comprising the Senior Citizens' Secretariat on May 14, 1998. That report is contained in Appendix O. On both occasions there were seven specific recommendations and they are as follows:

- that vehicular incidents be reported with complete impartiality
- that law enforcement agencies enforce strict highway discipline on **all** vehicle operators in a more positive and determined manner than is now the case and demand high standards of vehicle operating condition
- that every holder of a Nova Scotia driver's licence be required to take a driving refresher course at some time during the life of that licence, not to "pass or fail" but as a condition of licence renewal
- that the Province of Nova Scotia, during each year and with minimum notice, require a percentage of all driving licence holders, randomly and impartially selected without bias, to present themselves for re-examination

- that the system of screening now in use by the Department to determine fitness to drive in response to a report be strengthened and the driving public, particularly its senior members, be made more aware of these procedures
- that the present system of discretionary reports by physicians to the Registrar of any patient they are treating who has mental or physical infirmity or disability that would make that person an unsafe driver remain unchanged, except that the physician be required to deliver a copy of the report in writing, complete with diagnosis, prognosis, and recommendation, to the patient and/or a responsible member of the patient's family
- that the Government of Nova Scotia institute an ongoing program of short, highly visible, attention-getting radio, television, and press announcements designed to improve public knowledge and vehicle operator skill, enhance driving expertise, and encourage good driving habits

The Seniors' Safe Driving Committee has met regularly since May 1998, to study issues such as driver training courses and insurance rates for seniors and appropriate recommendations are being made by the Committee. One of the current issues receiving attention by the Safe Driving Committee is the trend towards self service gas station pumps and thus eliminating service station personnel. This has far-reaching implications for seniors and the disabled.

The Government of Nova Scotia refunds the cost for a refresher course for senior drivers. This course was established at the recommendation of seniors who wanted to upgrade their skills in driving. Funds are made available to offset the costs charged for this driving training.

Another matter under consideration is the need to revert back to the dual plate system. A single license plate creates difficulty in identifying approaching vehicles.

Seniors and Technology

In the summer of 1998, representatives from a number of seniors organizations met at the Secretariat office to discuss concerns for seniors and changing everyday technology. Many seniors were complaining about the complexity of telephone menus, banking machines, and their frustrations in trying to access health information and services.

The Nova Scotia Centre on Aging, Mount Saint Vincent University, brought together representatives of the following organizations to examine the issues affecting seniors and the use of technological aids: the Adult Education Program, Mount Saint Vincent University; Canadian Pensioners Concerned, N.S.; Federal Superannuates National Association; Federation of Senior Citizens and Pensioners, N.S.; Gerontology Association of Nova Scotia; Senior Citizens' Secretariat; Seniors' Education Centre, University of Regina; and the Third Age Centre, Saint Thomas University, N.B. to examine the issues affecting seniors arising out of the use of technical aids.

In a memorandum dated July 24, 1998, Marlene MacLellan from the Nova Scotia Centre on Aging, Mount Saint Vincent University, summarized the discussions concerning the issues that affected seniors adaptation to rapid technological changes. These are quoted from that memorandum:

"**Sensory losses:** Changes in hearing, vision, and touch can particularly hamper one's use of telephone technology or banking machines and any other interaction requiring pushing number buttons.

Speed required for transactions: Response time normally slows as we age, a reality usually overlooked by telephone message directed instructions. *The slowing can be minimal and does not preclude learning or adapting to new things.* It need not present difficulties if it is taken into account. However, when faced with five or six options presented quickly, it may create enormous frustration for many people.

Lack of familiarity with equipment: Many older people may not have been introduced to advanced technological equipment in other parts of their lives and may not be used to typing nor familiar with the response routine that is second nature for much younger people who have grown up with video games, school and workplace computers, and automated message systems.

Level of functional literacy: Currently, Statistics Canada indicates that more than half of older adults have some degree of functional illiteracy. In some day-to-day transactions, such as banking machines, you must be able to read the various instructions to complete the activity.

Geographic location: Many older adults live in rural communities and thus often face limited services. Technology such as automated voice systems and banking machines are particularly prevalent in these communities as companies downsize in their smaller locations. In addition, the distances may be significant to the closest location for "human" service and transportation can be a problem in rural areas. Isolation can be a real concern in some areas; the reality is that for some older adults, the trip to the bank was far more than just a financial transaction. It provided exercise and social interaction, fostering community networking.

Financial issues: Older adults may not have the income to update ordinary equipment such as telephones, not to mention purchasing more expensive computer equipment. Thus, they may be further isolated because they cannot access some of the technology that is available. (Note: Older adults may be financially pinched because they are supporting younger family members who are unable to secure stable, adequate paying jobs; this is most common in some of the rural areas of the provinces.)

Cultural considerations: Language, customs, and lack of familiarity with procedures may accelerate isolation.

Attitudes: Perhaps this is most important issue of all. There was consensus that there was a strong emotional component involved—people dig in their heels for whatever reason and will not use some new systems. Older adults are fearful about the complexity of technology and feel disappointment over the lack of human contact. On the other hand, the attitudes of businesses may be to overlook this group because they are not visible nor are their concerns voiced to those in decision-making positions. While it is common to have heated discussion about the technology issue around kitchen tables, it is necessary to relay some of that discussion to those at other levels who can effect change.

Perceived loss of personal control: This results in negative health effects."[17]

[The bold print is used by the authors for emphasis.]

Funding for this project was obtained from Health Canada's Population Health Fund.

In September 2001, a series of fact sheets on everyday technologies and older Canadians were prepared by the Nova Scotia Centre on Aging for the Federal, Provincial and Territorial Ministers Responsible for Seniors.

This series was called *Using Technology? Positively!* There are seven fact sheets in the series:

Series Overview

Telecommunications: Phones and More

Looking After Your Money: Technology and Banking

Computers: Getting Online—Using the Internet

For the Good of Your Health: Technology and Health Care

How Are Everyday Technologies Kept Safe?

Older Adults Mean Business

Copies of these fact sheets may be obtained from the Nova Scotia Centre on Aging, Mount Saint Vincent University, or the Senior Citizens' Secretariat.

Seniors' Games

Efforts were made by the Secretariat over a number of years to support and develop an interest in seniors' games in Nova Scotia. Seniors' games were held in specific regions such as Guysborough, Pictou County,

Seniors and technology

Sackville, and the Halifax/Dartmouth area. These were very successful and did much to create community interest in the importance of seniors' participation in recreational activities in the community.

Currently provincial seniors' games are under consideration in Nova Scotia. Twice during the late 1980s and early 1990s, staff of the Secretariat brought together organizers of regional seniors' games to discuss the merits of working together to develop and hold provincial games. Both times the majority of these groups told us they had no interest in holding seniors' games or becoming "more competitive."

In the spring of 2002, Valerie White, the Executive Director of the Secretariat, was approached and asked if she would consider being the official contact for National Seniors' Games. The games were being held in Prince Edward Island in September of that year. It was hoped that this would encourage Nova Scotian seniors to become interested in participating in these games.

Information packages were mailed out to seniors' councils, organizations, and recreation directors. As a result, 27 seniors attended and participated in these games. They returned to Nova Scotia with great enthusiasm and interest in forming a provincial association and ultimately in becoming an affiliate of the National Seniors' Games. Several of the seniors won medals and were bitten by the competitive bug and now want to participate in the national games in the Yukon this year. The Secretariat gave seniors identifying team shirts and sent a photographer to PEI to capture their involvement. The main picture on *Programs for Seniors 2003* shows a group of seniors from Clare marching in the participants' parade waving Nova Scotian and Acadian flags.

Those seniors who attended the games in PEI, the recreation directors, and organizers of regional games were invited to discuss the pros and cons of sponsoring provincial games. Ted Lawlor and Sharon Knox from

PEI were invited as presenters. This was an opportunity for everyone to discuss necessary infrastructure, costs, and volunteer components of proceeding with a provincial organization.

During the morning session, presentations on regional, provincial, and national games were made. In the afternoon, discussions centered around the next steps. Eight persons volunteered to serve on a steering committee to formulate plans. The steering committee, so appointed, consists of seniors and recreation directors who were selected geographically.

The Sport and Recreation Commission will provide the leadership in formulating the next steps and the Secretariat will nurture and support the process. On November 19, 2003, the Nova Scotia Senior Games Association was founded.

Health Care

Originally health care was designed to provide basic medical services and not the comprehensive and technically enhanced services of today. Consequently the costs have dramatically increased. The public demand for health services sometimes appears to be insatiable. The needs and wishes of the people are usually so great that it has proven to be impossible to provide the human and technical resources required to meet the public's demands.

The financial responsibility of a resident of a nursing home for care and maintenance has always been an issue of concern to the resident and the resident's family. Up to now, a person entering a nursing home might have made plans and set aside funds for this contingency. This resident would receive exactly the same care and treatment as a guest who had not set aside any resources to cover the costs of nursing home care. Indeed, paying guests might be cared for in a room adjacent to non-paying guests receiving precisely the same care and treatment and have no financial responsible for this care.

This, of course, works as a deterrent to saving, retirement planning, and setting aside funds for emergency care in a nursing home. Why save and set aside funds if you are to receive the same care as a person who made no plans to provide for their care?

Up to now, all assets and income had to be applied for the care of a resident in a nursing home. In 1988, special provision was made for home owners that permitted them to keep their home and not have it considered a part of the individual's assets. If the guest disposed of the home, the selling price of the home would be considered an asset.

The care costs in a nursing home were complicated further by the fact that costs were never broken down into the component parts of health care and room and board. A per diem was set, which was paid to the nursing home by the resident or if the resident was unable to pay the cost of care, financial assistance would be provided. This rate included all costs. In many instances, those who can afford to pay for their own care have been charged a rate higher than those requiring financial assistance, in other words, the approved per diem rate. In contrast to this, individual health care costs are provided for everyone in the community through general taxation.

In 2003, the community became very much aroused concerning the health care costs being charged to nursing home residents, which was a part of the nursing home per diem rate. It was emphasized that other provinces in Canada west of New Brunswick paid the residents' costs of health care in a nursing home.

On April 7, 2003 an announcement was issued by the Nova Scotia Department of Health.

> *"Seniors will pay less each year for living in nursing homes, and eventually they will pay only for room and board.*
>
> *No later than the year 2007, government will consider seniors' income only—and stop considering assets—when assessing their ability to pay.*
>
> *This is government's four-year plan to make nursing homes more affordable for seniors. The health department will invest $8.5 million in the 2003—04 budget. It promises to at least double this investment next year.*
>
> *Health Minister Jane Purves told seniors today (April 7th) she would like to do more sooner. But she says government needs to balance this with funding for other programs, like pharmacare and quality nursing home care, that benefit more seniors."*[18]

This policy change would have permitted the Department of Health to assume health care costs in nursing homes by 2007 leaving room and board costs the responsibility of each resident. Income security pensions would likely be sufficient to cover the costs of room and board.

In the proposed budget of May 2004, the Premier, the Honourable John Hamm, announced that starting on January 1, 2005 the provincial government will assume health care costs in nursing homes through taxation.

d. Communications and Networking

National Advisory Council On Aging

The federal government first became involved in the field of aging and the aged when the National Advisory Council on Aging (NACA) was established May 1, 1980, and held its first meeting October 10 and 11, 1980. The inaugural address setting out the aims and objectives of the organization was given by the Minister of National Health and Welfare, the Honourable Monique Bégin. The organization continues to fact find and research on a variety of subjects related to seniors. Certainly it is important that the federal government play an active role in research and fact finding and, where possible, the provision of special services for the aging and the aged. New Horizons was an excellent example of the federal government's involvement of services to seniors.

Pension Conference

In April 1981, the Honourable Jack MacIsaac, Chair of the Senior Citizens' Secretariat, headed a Nova Scotia delegation to the Pension Conference held in Ottawa, called by the federal government. Mr. MacIsaac's detailed report on the conference findings are contained in the Secretariat records, and the substance of Mr. MacIsaac's recommendations to the premier were as follows.

> *"April 6, 1981*
>
> *Dear Mr. Premier:*
>
> *Enclosed herewith is a brief report on the Pensions Conference which was held in Ottawa last week. Using the words of the Prime Minister, the Conference was organized to give an opportunity for all interested parties, government, employers, unions and citizens' groups to discuss problems in the pension system. The private sector was well represented. The only provincial government given a place on the program was Saskatchewan and the position taken by Saskatchewan was, as one might expect, heavily biased in favor of reform through the extension of the Canada Pension Plan with little or no involvement or responsibility left for the private sector. Elected provincial officials were not particularly well represented at the Conference. Saskatchewan had two Ministers, the Minister*

of Labour and the Minister of Revenue and Pensions. The Northwest Territories were represented by a Minister as was Nova Scotia, making four in all.

It would seem obvious that the federal government is proposing to make this the centerpiece of social reform in the 80's. This is borne out by the fact that the Prime Minister opened the conference with Mr. Honourable Allan J. MacEachen and the Honourable Monique Bégin present. Mr. MacEachern spoke at length in closing the Conference and made it clear that the federal government attached very great importance to pension reform.

The indications are that the federal government has a time table which will entail the preparation of a federal position on pensions sometime between now and July, and the calling of a federal-provincial conference on pensions probably as early as July 1981.

If that proposed time table is adhered to it will certainly be necessary for Nova Scotia to develop a position for presentation at that time. Since the province has jurisdiction over pensions as well as the federal government, it is most important that we develop a firm position.

The pension system is fraught with very many serious problems. Detailed studies have been completed on the status of pensions by Ontario, Quebec, the Economic Council of Canada and others. There is no single proposal or formula which will lead to a solution and there was general agreement that in the last analysis the decisions which are to be taken will be political decisions of the first magnitude which can have very far reaching effects not only now but especially down the road in years to come.

It strikes me, after being involved in this Conference, that we should be most careful in defining the terms of reference of our

> *proposed Commission. Much will depend on that definition. If the terms of reference are not defined with the greatest of care we could, for example, find the Commission spending a very great amount of time on issues that have already been studied quite sufficiently and perhaps worse, moving the study in directions that could be politically embarrassing to our government.*
>
> *Sincerely,*
> *Jack MacIsaac"*

The detailed memorandum of this Conference is an Appendix P.

Consultations

If the Secretariat is to fulfil its mission it must foster consultation and communication with the senior community and the organizations therein. The Secretariat is a government organization and one important aspect of its mission is to keep government informed regarding the views and opinions of seniors and the issues with which they are concerned. In brief, the government should look to the Secretariat to learn the views of the senior community on current issues affecting their welfare and quality of life.

To meet this need the Secretariat arranged in the early 1980s to hold consultations twice a year, in the spring and the fall, with delegates and representatives from the senior community. These are held at Mount Saint Vincent University and the agenda is open. Any issue a delegate wishes to discuss may be an integral part of the agenda. Advice and decisions are passed on to the Chair and Ministers comprising the Secretariat.

This has been an important development and actively fostered by the Secretariat. It provides the Seniors' Councils, Group of IX, Community

Links, and similar organizations with a means of communication direct to government and, by the same token, gives government a reading from the senior community in respect to those issues that the seniors consider to be a high priority.

Voluntary Health And Welfare Agencies

Voluntary health and welfare agencies have undergone dramatic growth and expansion during the past 20 years. This applies to all services for the aging and the aged. One purpose of the Secretariat is to aid and abet NGO's in fulfilling their mandate relating to seniors' needs. Some of these agencies are

- Abilities Foundation of Nova Scotia
- ALS Society of Canada
- Alzheimer Society of Nova Scotia
- Arthritis Society
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Liver Foundation
- Canadian Mental Health Association
- Epilepsy Association of Nova Scotia
- Heart and Stroke Foundation of Nova Scotia
- Kidney Foundation
- Lung Association of Nova Scotia
- Multiple Sclerosis Society
- Muscular Dystrophy Association of Canada
- Osteoporosis Society of Canada
- Parkinson Society of Canada
- Psoriasis Society of Canada

Logically it follows that the Secretariat should be interested in and encouraging the growth and effectiveness of this network of organizations. This requires attendance at a substantial number of meetings during the year. It requires an appreciation and understanding of each organization and it demands the co-operation of the Secretariat in making the agency's mission more effective. Thus, a goodly amount of time of Secretariat personnel must be devoted to making these organizations effective. For example, how and to what degree can the Secretariat help the Alzheimer Society in its mission?

This implies that the community may look to the Secretariat for validation of the effectiveness of this plethora of organizations and the usefulness of their mission.

This does not imply anything beyond the fact that the Secretariat, by its very nature, must be interested in everything happening in the community involving the quality of life for the aging and the aged.

Canadian Conference On Aging

A Canadian Conference on Aging was held in Ottawa October 24—27, 1983. Some of the representatives from Nova Scotia at the Conference were: the Honourable Jack MacIsaac, Chair Senior Citizens' Secretariat; the Honourable Edmund Morris, Minister of Social Services; Doug Carter, Mayor of Town of Truro; Nelson Ellsworth, Culture, Recreation & Fitness; Connie Wenaus, Dartmouth Senior Centre; Doreen Fraser, Canadian Pensioners Concerned; Sister Theresina MacNeil, Health Institutions; Jean Doucet, Department of Education and Canadian Association of Pre-Retirement Planners; and F.R. MacKinnon, Director, Senior Citizens' Secretariat.

The issues addressed at that conference were as follows:

"■ the promotion and protection of health and the prevention and/or control of disease

- the improvement and maintenance of health and social measures to assist aged persons and/or families caring for them
- the development of protective measures against crime and abuse of the aged
- the development of a range of optional living arrangements for the aged
- the improvement of transportation arrangements in respect to the aged
- the improvement of employment and retirement options for older workers
- the promotion of life-long preparation for successful aging
- the promotion of research, education, and training endeavours in respect to aging
- the involvement of older persons in the policy and decision-making process"[19]

The conference was opened by the Honourable Madame Monique Bégin, Minister of National Health and Welfare, and she gave the keynote address as well. A number of speakers reported on the World Assembly on Aging held in Vienna in 1982. The theme of the Vienna Conference was "A Plan of Action" and the Canadian conference was a sequel with the hope that a Canadian Plan of Action would follow from the deliberations.

The session broke down into nine work groups, each one focusing on one of the above issues.

A plenary session dealt with income security in which the wide range of issues in pension reform and old age security were discussed. The nine groups reported at the closing session on October 27, 1983.

One conclusion drawn from this conference was that the provinces had the responsibility to develop services. This was not accepted entirely because income security responsibilities and pension responsibilities were assumed by the federal government. If this is correct, then the former statement is valid in the field of aging.

It was not sufficient to say that responsibility ended at the provincial level. One of the recurring themes in the discussion groups was community responsibility and the involvement of seniors in helping themselves.

Retirement Income

The provision of retirement income presents a continuing challenge for all Canadians. This is exacerbated by the lengthening age span and the increasing number of seniors who live many years beyond the time of retirement. The Canada Pension Plan and Old Age Security provide, in theory at least, for a specific number of retired persons. Private pensions, RRSPs, and the like meet the needs of those for whom government pension plans are inadequate or non-existent.

In 1992, the government established a Task Force on Retirement Income Study chaired by John Angus MacKenzie. A report was eventually submitted to government and is contained in Appendix Q.

No specific action has been taken by government to implement the recommendations of this report. This has been largely due to the fact that it was brought forward at a time when the Federal/Provincial/Territorial (FPT) Ministers of government were primarily concerned with deficit reduction and not interested in expanding new programs for the aged or any other sector of the population.

International Year of Older Persons

The United Nations declared 1999 as the International Year of Older Persons (IYOP). The government of Nova Scotia, in response, decided to name a committee to plan a program for the Senior Citizens' Secretariat that would be in keeping with the United Nations' objectives. The

Committee members were: F.R. MacKinnon, Myles Rushton, Rex Guy, Jane McNiven, Myrna Slater, Anne Topp, Ian MacLaine, Brenda Johnston-Giles, Thelma Coward-Ince, and Valerie White. F.R. MacKinnon was appointed Chair. The objectives, as established by the committee, were

- enhance understanding, harmony, and mutual support across the generations
- increase recognition of seniors' contributions to their families, their communities, and the country
- help Canadians understand how individual and societal choices and decisions made today will affect individuals and our society in the future
- encourage all sectors of society to be responsive to a diverse and aging population in a rapidly changing world
- create the potential for aging-related products, technology, and services
- develop classroom resource booklet promoting intergenerational understanding

During the year, the committee encouraged and approved grants to the following projects:

- A Celebration of Seniors'—Contributions to the Upper Port Latour Community, Greenhill Seniors Club
- A "Wheels to Meals" Celebration—Lunenburg County Seniors Advisory Council
- Acadian Region Project—College de l'Acadie, St. Joseph du Moine
- Anniversary Celebrations & International Year of Older Persons—Four Points Seniors Group, Shubenacadie

- Anything We Can Do For Seniors—Sixty Plus Seniors Club, Caledonia
- Black Cultural Centre 16th Anniversary Celebration—Black Cultural Society of Nova Scotia
- Celebrate Seniors of Boylston—Boylston Bayview Senior Citizens' Club
- Celebrating Seniors Years—VON Kings, Kentville
- Childrens Christmas Party—Spanish River Seniors Club, Sydney
- Come Join In The Fun—Quinan New Horizons Club, Quinan
- Community Stroke Prevention—Heart and Stroke Foundation of Nova Scotia
- Culturally Sensitive Service to Ethnic Seniors—Multicultural Council of Halifax/Dartmouth
- Dartmouth Senior Centre Follies—Dartmouth Senior Service Centre Music Association
- Echos From The Past—Cumberland County Senior Citizens Club
- Emergency Information Vial—Farrell Seniors Project, Dartmouth
- Friends for Seniors—Sydney
- Fun Evening—Sunrise Seniors Citizens, Lower Shinimicas
- Harvest Tea—Bayshore 50+ Plus Club, Yarmouth
- Highlighting Seniors—Arm of Gold Senior Citizens Club, Baddeck
- Intergenerational Program in a School—Chebucto Links, Halifax
- Introduction to Computers: Self-Help, Peer Support & Lifestyle—the Brooklyn Bright Lights Seniors, Yarmouth

- IYOP Celebration Activities—Stellarite Seniors, New Glasgow
- IYOP New Year's Eve Celebration—Islands Super Seniors, Tiverton
- Joyful Singing—Inglewood & Area Seniors Choir, Bridgetown
- L'âge d'Or—Nouveaux Horizons de la Baronnie, Middle West Pubnico
- Lamp Wheels-to-Meals—Windsor
- Les Aînés Acadiens de la Nouvelle-Écosse—Dartmouth
- Memorial Park Construction—CSI New Horizons Group Association, Clark's Harbour
- Millennium Levee—Blandford Seasiders Senior Citizens' Club
- Needs of Seniors in the next millennium—Indo Canadian Seniors' Group of NS
- Nursing Home Gathering—Recreation Professionals in Health, Baddeck
- Pass It On—Healthy Parrsboro & Area
- Passive Recreation Bench for Seniors—Sackville Rivers Association, Lower Sackville
- Penny Auction—Nor West Seniors Craft Club, Halifax
- School for Seniors—Human Services Program, Bridgetown
- Senior Friendly Project—Canadian Pensioners Concerned, Halifax
- Seniors Celebration '99—Acadian Seniors of Clare Committee, Church Point
- Seniors In Our Community—VON, Truro
- Seniors on the Go—Rosedale New Horizons Club, New Germany
- Seniors Helping Seniors—Club 55 Senior Citizens, Sydney
- Shelburne County Information Day for Seniors and Care

Providers—Shelburne County Planning Committee for Public Awareness on Elder Abuse Issues

- Smoking Cessation Program—Lung Association of Nova Scotia
- Sounds Like Seniors—Richmond County Senior Citizens Council
- Special Age Celebrating Ceremony/Party—The Windsor Elms
- Those Were The Days—Victoria Road Seniors Club, Dartmouth
- Tree Planting/Grandparents Day—Good Neighbours Retired Citizens Association, Truro
- Tree Planting Ceremony Dinner & Dance—Sackville Seniors Advisory Council
- VON Dartmouth/Halifax IYOP Bridgewalk—VON Halifax Branch
- Whitney Pier Older Persons Visual Art Workshop—Sydney

The sum total of these grants amount to $99,527.

The National Committee decided to have a stamp issued to commemorate this special year. A song was also written and recorded in both English and French. The song was a joint effort, produced by three Nova Scotians and was adopted nationally. The name of the song is "Let's Live Every Minute", and the words follow:

Let's Live Every Minute

by Wayne Hunt, Rick Gautreau and George Antoniak

Chorus: *Let's live every minute 'cause this is our time,*
Let's put our hearts in it and sing every line;
Stand and be counted and never forget it,
Let's live every minute 'cause this is our time.
Verse: *The strength of the spirit can never grow old,*
The wisdom of years will always unfold;
If we have the will, then we'll find the way
To live every minute each day.
Chorus:
Verse: *Let everyone hear it, our message is strong,*
The truth for all ages is the need to belong.
We'll lift up our hearts and we'll show the way,
To live every minute each day.

Bridge: There isn't anything that we can't try.
By reaching within, can we touch the sky?
We can if we try.
Chorus:
Tag: Let's live every minute, 'cause this is our time.

Vivons Chaque Minute

Par Wayne Hunt, Rick Gautreau, George Antoniak

Vivons chaque minute
Jouissons de moment
Chantons chaque rime
A pleine voix
Ayons le courage
De nous faire remarque
Vivons chaque minute ... On l'a vérité

La force de l' âme
Ne peut vieillir
Et toute bette sagesse
Elle va s'épanoir
Vouloir, c'est pouvoir
Une forte volenté
De vivre chaque minute d'la journée

Porter de message
D'une reality
Nous ne pourrions vivre
Sans contribuer
Nous nous ouvrons le coeur
Afin d'annoncer
De vivre chaque minute d'la journée

Tout est possible
Si l'on croit que l'on peut
On se donne des ailes
Pour atteindre lex mieux
On peut si l'on veut

Chapter 5

Reflections

There are a number of major social policy issues that are now confronting Nova Scotians; indeed, all Canadians. These are

- the growing number of early retirees brought about by downsizing government (What are the effects of this social policy change on good government?)
- the falling birthrate and the long-term effect of this on the labour force
- the issues of longevity and its effects
- the potential benefits of a separate department of government for the aging population (What would this social policy change achieve?)
- what we can afford
- establishing priorities
- achieving co-operation between the public and private sectors, or confrontation versus co-operation
- the effects of home care versus long-term residential care

We had a lengthy debate regarding the inclusion of this section Reflections. It is quite impossible to set out the accomplishments of more that 24 years of providing services to the aged without confronting social policy questions that are very difficult to answer. Indeed these may not admit any easy answer.

Take the question "How much can we afford?" It is almost central to social policy issues affecting the senior population. The answer to this question eventually ends up in the political realm. Who will establish the priorities? Competing demands on government are almost endless. As our society ages there are specific responsibilities defined by legislation that continues year after year. An example might be highways. A basic expenditure for highways is always required. New add-ons arise each year. Thus a minister of finance is faced with blocks of expenditures in different areas of government that are continuous. New expenditures and new programs have to be added. These are political decisions. The citizen who says he abhors politics and politicians shows very little understanding of how a democratic system of government should work. The political will to move in this direction or that must, in the last analysis, be formed by public opinion and that, in our democratic society, is expressed by the politicians elected by the voters.

A perfect example of this fundamental principle may be observed when government presents a white paper proposing certain points of view regarding a specific issue. Government may have slated in advance what position it prefers but if the public has made a decision on its own as to what direction should be taken the government would do well to pay heed to public opinion. Our history is beset with examples where public leaders have listened to public opinion and, at other times, ignored it. It is also significant to note that public opinion is very difficult to access and that is why the politician is expected to use prudent judgement in ensuring a good life for all Nova Scotians.

Health care remains one of the central issues confronting the federal government, the provinces, seniors, and indeed all Canadians. Our capacity to develop new technical devices in the health field and our increasing knowledge of health-related procedures continue to place a constant strain on the health care system.

Our knowledge of what should be done and our daily needs in the health field have increased far beyond our financial capacity to provide. Thus the system is faced with longer and longer waiting periods for services required because the personnel resources and technical equipment are simply not available. The *Romanow Report* has recently been submitted to the Government of Canada and has been the subject of extensive comments and debate. In line with the Romanow recommendations the federal government has committed more financial resources to meet Canada's growing health needs. Health care, of course, includes the provision of adequate home care for the aged.

The argument continues about the degree to which private initiatives may be provided for and financed by government in the years ahead.

Some people think there should be no limit on what we should spend to provide health care services. This attitude is based on the assumption that health care, pharmacare, and home care are free. The costs for health care services is the highest of all government expenditures. These costs exist whether we see them or not. Because we do not see them, references are constantly being made about our "free" medical and hospital care. Nothing could be farther from the truth. For example, the cost for care at the QEII Halifax Infirmary and Victoria General Hospitals in Halifax is $1,173 per patient per day and the expenditure for the Capital Health District for the fiscal year 2003—2004 was $568 million. These costs are covered through our taxes. There are limits on what we can afford and the government in power must determine what those limits are. The magnitude of these expenditures place heavy demands on our capacity to manage well. Health services have reached the stage where management skills are an absolute necessity, otherwise the waste of scarce resources will destroy our capacity to provide good health services.

Home care is a service that should be provided in a seamless manner. There should not be buck passing between departments. The responsibilities between the disciplines of health and social services should be clearly defined and one or the other have the final say on specific services and issues. If the Department of Health is expected to be responsible for home care services, funds must be made available to allow the department to provide services for the things it has not done in the past, such as property maintenance and snow shoveling. If home care is defined solely in relation to medical needs then these two aforementioned services would not be provided.

Retirement age is an issue that must be assessed more closely. Over the past 15 years, there have been numerous retirement packages offered to many employees who are barely over 50 years of age. The vast number of employees between 50 and 65 affected by these packages has resulted in the elimination of two layers of management—the upper and middle layers. There have been a number of consequences as a result of this, including the corporate memory and experience factors which have been lost when these employees retire, past mistakes repeated because of this, and many of these positions left vacant or eliminated, thus increasing the workload of those remaining.

There is no official retirement age in Nova Scotia but 65 is the generally accepted age. However, we are now seeing a number of employers in the private and public sector expressing concerns because they are unable to find employees to fill their vacancies. If an employee who reaches 65 is willing and able to continue employment he or she should be permitted to do so. There would be no additional costs for the training and development of new employees but the experience factor would remain.

Another major issue facing elderly Nova Scotians and Canadians relates to housing needs. What can we realistically expect and demand in the field of housing for the senior population? What aids should be provided to make housing practical, available, and accessible? What priority should housing have in the broad scheme of services to the aged?

When I became director of the Secretariat in 1980, I held the opinion that government should consider establishing a separate department concerned solely with issues and programs relating to aging and the aged. A ministry for seniors seemed to be a good idea. More than 20 years have elapsed and now my views have changed. A ministry for seniors has been suggested publicly during the past few months. The press has quoted certain seniors suggesting this course of action by government. How would this be achieved? Would it imply the organization of all seniors' services in one ministry? For example, the supervision of nursing homes now rests with the Department of Health. Would this responsibility be taken from the Department of Health and placed under the new ministry? What about home care, which should be available not only to seniors but to other age groups? I visualize serious obstacles to centralizing services for seniors in one ministry. If the result of having a separate ministry is to have it responsible only for social policy, without any program responsibility, that is precisely what the Secretariat is doing now and a separate ministry would, without doubt, create additional unnecessary costs and a new bureaucracy.

In short, my views have changed and I do not see that any useful result would be achieved by the creation of a ministry solely responsible for seniors. If the Secretariat is empowered to fulfill its legislative role and functions, it has the power and authority to do everything that might be achieved through a separate ministry. The design of the Secretariat is such that the committee of ministers has more clout in providing good management and quality services for the senior population than would be possible through a single ministry.

There is an old saying the "all men are created equal but some are more equal than others." From a theoretical point of view, the impression may be held that all ministers in government are equal in seniority, ability, and influence around the cabinet table. From a practical point of view we know this is not so. Some cabinet positions and ministers have more seniority, experience, ability, and prestige than others. Senior cabinet posts of Health and Education are now represented in the current Secretariat structure. I would have serious doubts if a Minister of Aging and the Aged would be considered the equivalent of either of these two ministries.

Our primary task is to identify and understand the major issues facing us in planning social policies to help those in the population who are aging and aged. The decline in the birth rate and the lengthening average life expectancy brought about by improved health services and other social improvements mean that in the foreseeable future we will continue to have a rapidly aging population. The significance of this change is obvious. From a financial point of view, there will be increasing pressure on government to set aside larger service budgets for seniors. At the same time, unless we plan for considerable changes in the composition of the productive work force, we will have fewer people contributing to the available resources. That situation in itself, if not properly managed, could produce tensions that are inimical to a healthy society.

The improvements in health and social services achieved over the past 40 years have been a blessing for all people, especially the aged. However, these improved services have brought about new problems. How will we provide for the growing number of very old and chronically ill seniors? What use will we make of institutional care? How will we find sufficient funding for an improved home care program? Will improved health services and prolonged life expectancy eventually lead to a deterioration in the quality of life? These are serious questions and they confront us now.

In view of the magnitude of the social policy issues facing Nova

Scotians, seniors have a major responsibility to find solutions to these challenges in an objective, dispassionate manor. For example, if the senior community advocates strenuously for a ministry of aging, the provision of such has political advantages that might succeed in government taking such a step. In short, advocacy should be tempered by restraint, objectivity, and common sense.

Seniors have been empowered over the past century to greatly improve their quality of life. We have identified three of the significant factors that have contributed to this. They are the greater financial resources available to seniors, the opportunities for seniors to work collectively to confront major issues relevant to their circumstances, and the provision of a government body, namely the Senior Citizens' Secretariat, to provide encouragement and assistance in creating improved services for seniors.

The elderly themselves have emerged in the last several decades as a powerful force. They have an inherent commitment to improve public programs and services and, in some cases, they have become service providers. This trend is encouraging because in the long run it is likely to result in services and programs being more relevant to the real needs and aspirations of the senior population.

The Authors

Fred R. Mackinnon

Family

In 1944, Fred married Mary E. MacLean of Glace Bay. Mary had been his classmate at Mount Allison University, graduating in 1932. Eventually they were blessed with three children: Sheila, Heather, and Ian. Sheila graduated from Mount Allison University in 1966 and married a classmate, Ivan Richardson. They have two sons, Scott and Andrew, both of whom are graduates of Mount Allison University and are married to Mount Allison graduates. Heather has devoted her life to nursing and, at present, is working in the Department of Health assessing patients requiring nursing care. Heather has one daughter, Katrina, who is attending public school. Ian acquired a pilot licence at the Moncton Flying School in 1972 and is now a pilot captain with Air Canada stationed in Toronto.

Origins

Fred R. MacKinnon was born in Meadow Springs, Pictou County, on February 5,1912. His father, Angus MacKinnon, was the grandson of Fred MacKinnon who with his wife, Christy MacPhee, came to Sunnybrae, Pictou County, in 1820 from the Isle of Monks, Scotland. His mother, Jessie MacKinnon, born Jessie Sutherland, was the granddaughter of William Sutherland and Ann MacKenzie, who came from Clyne in Sutherlandshire, Scotland, to Barney's River, Pictou County, and settled there in 1820.

Fred R. MacKinnon

Fred was the last of a family of four children, three brothers and one sister. His sister attended Normal College and taught school. His oldest brother died prematurely of appendicitis in 1921, long before the days of wonder drugs that put an end to septic poisoning. His other brother stayed home and helped his father on the farm.

Fred attended the rural public school at Woodfield and received his Grade 11 in 1927. After completing Grace 11, he registered at Mount Allison University for an Arts degree with a speciality in medicine. The plan to study medicine was not to be. His lack of Latin and French meant that he would have to complete these in addition to all his other courses. The cost was beyond his capacity or at least he thought so at that time and Fred decided instead to pursue a Bachelor's degree and Teacher's Certificate.

Fred graduated with a Bachelor of Arts degree, a Superior First Rank Teaching License and First Class Honours in Mathematics in 1932. Following graduation he accepted a position teaching at Sunnybrae, Pictou County, for the year 1932—33 and was a teaching principal of Thornburn High School from 1933—35.

Professors of mathematics at Mount Allison encouraged Fred to pursue graduate work in mathematics and in 1935 he took a leave of absence from Thorburn High School and enrolled at Harvard University for his Master's degree in Mathematics. He graduated from Harvard with the AM degree in the spring of 1936.

Career

Attempts to obtain an actuarial position with an insurance company did not come to fruition and after a brief stint with Metropolitan Life, Fred returned to Nova Scotia and blundered into the profession of social work. While he was pondering his future, a position arose in the Children's Aid Society of Colchester County for an agent. Fred applied for the job and was hired by the agency in 1937.

Fred's work with the Children's Aid Society of Colchester County proved to be a labour of love. He had been with the Society only a few months when he met Mr. Ernest H. Blois, who at the time was the Director of Child Welfare, Director of Mothers Allowance, and the Director of Old Age Pensions for the Province of Nova Scotia. Mr. Blois asked Fred if he would consider joining the staff of the Department of Public Health in the Welfare Branch.

Prior to beginning employment with the Department of Health, it was agreed by Mr. Blois and the Minister of the day the Honourable Frank Davis, that Fred should obtain some training or education in the field of social welfare. He was sent to the University of Chicago, School of Social Service Administration, on a Rockefeller Foundation Fellowship and graduated in 1939.

Fred returned to Nova Scotia as the Assistant Director of Child Welfare and was called upon to assist in the development of the Maritime School of Social Work. Thus began a long career in the social welfare field that included his appointment as Director of Child Welfare in 1944 and Deputy Minister of Public Welfare in 1959, a position he held for twenty years. In 1980 he was instrumental in establishing the Senior Citizens' Secretariat and served as its first Director until his retirement at age 86 in 1995.

Significant Events in the Life of Fred R. MacKinnon

- Bachelor of Arts, Mount Allison University 1932
- Sheffield Prize in Mathematics "Superior First Class Teaching License" Mount Allison University, 1932
- AM degree (Mathematics), Harvard University, 1936
- Rockefeller Foundation Fellowship, 1938
- University of Chicago, School of Social Services Administration, 1938 – 39

■ Appointed Assistant Director of Child Welfare for the Province of Nova Scotia, 1939

■ Founding President of the Nova Scotia Association of Social Workers with Gwendolyn Shand, Gwendolyn Lantz, Jean Morrison, Ada Ward, and Elizabeth Torrey, 1943

■ Appointed Director of Child Welfare for the Province of Nova Scotia, 1944

■ President of the Rotary Club of Halifax, 1947—48

■ Founder and organizer of the Nova Scotia Branch of the Canadian Association for the Mentally Retarded, 1954, following the example of a similar organization in Syracuse, New York State

■ Appointed an Elder in Fort Massey Church, 1949

■ On loan to the Canadian Welfare Council, Ottawa, 1957, to prepare the 1958 Canadian Welfare Council Position Statement on Social Security in Canada

■ District Governor of Rotary International, 1957—58

■ President of the Easter Seals Society of Nova Scotia, 1959

■ Appointed Deputy Minister of Public Welfare for the Province of Nova Scotia, April 1, 1959

■ President, Nova Scotia Society for the Care of Crippled Children, 1960—63

■ President, Nova Scotia Chapter of the Canadian Rehabilitation Council for the Disabled, 1964—67

■ Member of the Mount Allison University Board of Regents, 1963—64, and President of the Mount Allison University Federated Alumni, 1968—70

■ President of the Nova Scotia Bible Society, 1966—68

■ Doctor of Law, St. Francis Xavier University, 1969

- Board member, Advisory Board for the Learning Disabled
- National President of the Canadian Rehabilitation Council for the Disabled, 1972—74
- President of the Canadian Bible Society, 1975—76
- President of the Vanier Institute of the Family, 1976—78
- Board Member, Nova Scotia Human Rights Commission, 1975—1994
- Vice-President of the Canadian Welfare Council
- President of the La Marchant Home and School Association and the Halifax Council of Home and School Associations
- Doctor of Law, Dalhousie University, 1980
- Nova Scotia Division, Canadian Association for the Mentally Retarded, Life Member, 1980
- Nova Scotia Association of Social Workers, Life Membership, 1980
- Board Member of the Halifax United Way, 1980—86
- Board Member of the Halifax YMCA, 1987—92
- Lieutenant Governor's Award for Excellence in Public Administration, March 9, 1988
- Charles F. Allison Award, Mount Allison University, 1991
- Appointed an Officer of the Order of Canada, April 30, 1992
- Chairman of the Nova Scotia Planning Committee for the International Year of Older Persons, 1999
- Canadian Association of Social Workers Distinguished Service Award, 1999
- Honorary Life Membership, Vanier Institute of the Family
- Named Hedley Ivany Senior Citizen of the Year Northwood Foundation, January 26, 2002
- Honorary Doctorate, Mount Allison University, May 2003

Robert G. Haley

Robert G. (Bob) Haley, a descendant of Irish-Belgian coal miners, was born on July 14, 1939, and grew up in Stellarton, Nova Scotia. He graduated from Stellarton High School in 1957.

He was President of the Students' Council and received the Birk's Medal for Leadership at graduation. By combining studies with his career, Bob acquired a Bachelor of Arts degree in English from St. Francis Xavier University in 1960, Master of Social Work degree in 1965, ECOM (Extended Care Organization and Management) Canadian Hospital Association in 1974, and a Master of Adult Education degree from Dalhousie University in 1985.

Robert G. Haley

Bob joined the Department of Public Welfare in 1961 and throughout his career he was employed 31 years with the department. During his work years he held the following positions: provincial social assistance worker; psychiatric social worker at the Nova Scotia Hospital; executive director, Family and Children's Service of Hants County; consultant and director of Municipal Social Services; and chief instructor in both Social Services Training Programs and the Staff Training Unit in the Department of Community Services.

As a volunteer he served on the Board of Directors of the Halifax Senior Citizens' Club, Joseph Howe Group Home, King's Meadows

Group Home, the Maritime School of Social Work, the Canadian Association of Social Workers, the Nova Scotia Association of Social Workers, and the Nova Scotia Home for Coloured Children.

His hands-on voluntary experiences includes Big Brothers/Big Sisters Association, Canadian Association for Community Living, Canadian Association on Gerontology, Building Bridges/Canadian Mental Health Association, Canadian Paraplegic Association, Canadian Pensioners Concerned, Committee on Aging/Red Cross, National Committee on Aging, Committee on Elder Abuse and Neglect, Help Line, Metropolitan Immigrants Settlement Association, and tutoring university students.

Bob has resided in Halifax since 1962 and is married to the former Margaret F. Jackson. There are three children, Gary, Rhonda, and Janet, and two grandchildren Kiki and Patrick.

Acronyms and Names of Organizations

- CARP - Canadian Association for the Fifty-Plus
- CHCP - Coordinated Home Care Program
- CMHC - Canada Mortgage and Housing Cooperation
- CPC - Canadian Pensioners Concerned
- CPCNS - Canadian Pensioners Concerned Nova Scotia
- CPP - Canada Pension Plan
- GAI - Guaranteed Annual Income
- GANS - Gerontology Association of Nova Scotia
- GIS - Guaranteed Income Supplement
- Group of IX - Comprised of the following:
    - Regroupement des Aînées et Aînés de la Nouvelle-Écosse
    - Canadian Pensioners Concerned NS
    - Canada's Association for the Fifty-Plus (CARP)
    - Federal Superannuates National Association
    - Federation of Senior Citizens and Pensioners
    - NS Government Retired Employees Association
    - Royal Canadian Legion, NS/Nunavut Command
    - Retired Teachers Association of Nova Scotia
    - Gerontology Association of Nova Scotia
- HRDC - Human Resources Development Canada
- HESS - Health, Education and Social Services
- IYOP - International Year of Older Persons
- LIP - Local Initiative Program
- NACA - National Advisory Council on Aging
- NPSCF - National Pensioners and Senior Citizens Federation
- OAPO - Old Age Pension Organization (in British Columbia)

- OAS - Old Age Security
- RRSP - Registered Retirement Savings Plan
- The Allowance - The spouse allowance under GIS
- The Centre - Nova Scotia Centre on Aging, Mount Saint Vincent University
- The Federation - The Federation of Senior Citizens and Pensioners of Nova Scotia

Appendices

Appendix A

Presidents of Canadian Pensioners Concerned Nova Scotia

- 1971—1980: Edith Harvie
- 1980—1989: Doreen Fraser
- 1989—1993: Myrna Slater
- 1993—1995: Lettie Turner
- 1995—1997: Pat MacLellan
- 1997—Present: Joan Lay

Appendix B

Presidents, Federation of Senior Citizens and Pensioners of Nova Scotia

- 1982—1983: Pat Irving
- 1983—1984: Jack Conrad
- 1984—1985: Bob Wadman
- 1985—1991: Allen Foley
- 1991—1992: Les Day
- 1992—1995: Don Keith
- 1995—1998: Curtis DeCoste
- 1998—2000: Heiner Mangels
- 2000—2004: Eileen Amirault
- 2004—Present: Murray Covert

Appendix C

Introduction - Elder Abuse: Everyone's Concern

Mrs. X., a 75-year old woman was admitted to hospital with severe dehydrations malnutrition and numerous ulcers. She had to be soaked for four to five hours to lift the dirt from her body. Her hands had to be pried open and it was difficult to straighten her arms and legs. This woman lived with her elderly husband, her son, her daughter-in-law and their children. A few days after admission she died, a victim of gross abuse and neglect by her family.

There is a growing awareness about the victimization of the elderly. Some experts in the field of aging hold that elder abuse and crimes against the elderly should be dealt with separately. In this publication we have chosen to define elder abuse to include crime in the streets and in the home by strangers, maltreatment within institutional settings, fraud and deception, and abuse by informal care providers including family, friends and neighbours.

While only a relatively small per cent of the elderly have been victimized, fear, anxiety and suspicion are fairly common reactions by an elderly person.

Unfortunately, victimization of the elderly is often invisible to the general public. Victimization can occur within homes, within institutions, on crowded and busy streets, and through the mail. Individuals are the victims—not large groups—and only periodically does publicity reach the general public. There is no organized group of elderly victims of fraud, abuse, maltreatment and criminal behaviour who band together and demand justice and public action.

Child abuse emerged as a social problem in the 1960s and wife abuse was identified as a major social issue in the1970s. Abuse of the elderly has become a concern of the 1980s.

Pederick-Cornell and Gilles identify two major factors which they feel explain why the abuse of older persons became a focal point of attention in the early 1980s:

The discovery of a significant number of elderly victims of family violence was a natural out-growth of extensive research on the extent and patterns of family violence. By conceptualizing the problem as one of family violence and not simply child abuse or wife battering researchers have been able to identify varying patterns and incidence of violence in the family.

Major demographic changes have occurred over the last half century which help explain why problems of the elderly and problems of elder abuse specifically have captured public attention. First, the life expectancy of the average person has increased by nearly 50 per cent in the last 50 years. Second, as a consequence of this increased life expectancy and population increase in general, there are growing numbers of individuals 60 years of age and older. Third, the proportion of the population 60 years and older has increased.

Steinmetz, commenting on these demographic changes in the last quarter of the 20th century points out that - not only will one out of every eight persons be 65 years or older by the close of this century, but the greatest increase (53 per cent) will be among the very oldest citizens, i.e., those 75 years of age and older.

The typical member of this older population, according to Treas, is likely to be a woman, a widow and very old.

According to Brody, one of the myths of this society is that older people are being abandoned by their children to live in institutions or alone. Figures refute this belief. Bussman and Burchinal conclude from their studies that as people age, they become more involved with their families than with non-kin or other types of activities. Puner, Butler, and Lewis found that 80 per cent of older people have living children and 75 per cent of them live in the same household or 30 minutes away. Eighty percent of home care to the aged is given by family members residing in the same household according to Brody and about one-third of these elderly persons need constant care of a medical or personal nature, not including food preparation and household maintenance chores.

In Nova Scotia only six per cent of the population are cared for in hospitals and in homes for special care, such as, nursing homes and homes for the aged.

These findings bear serious consideration in planning for our senior population. Adult children or family may expect to be providing a significant amount of care to an increasingly larger and older population. The chances that each of us may someday be caring for one of our parents are increasing, as is the likelihood that the parent will be quite old and perhaps quite frail. What will be the impact of these demands on the family as family resources (emotional as well as financial) become overextended, as women continue to enter the job market (lessening their ability and willingness to care for the at-home parent) and as family size continues to shrink (decreasing the number of adult children who can share responsibility for parent care)?

Appendix D

Summary Planning With Seniors for the 21st Century

Major Trends and Issues

This review covers the most pertinent issues in the field of gerontology today: demographics, health, formal support networks, informal support networks, housing, transportation, technology, education, leisure and the economic status of the elderly. It also focuses on the key trends in gerontological research and their implications for social policy. These areas of concern are closely interrelated and to address the problems of aging requires a sound knowledge of this interrelationship. Meeting the needs of present and future older populations requires a comprehensive understanding of the main issues and concerns that influence the quality of life of older persons.

Three main themes underlie research in gerontology, two of which reflect the main concerns of gerontologists, policy analysts and practitioners. First, Canada has a rapidly growing aging population, and this will have a significant impact on society in the 21st century. Second, can society 'afford' to answer the needs of this growing population, or, are fundamental changes needed to avert an 'aging crisis'? Third, older persons face a constant struggle to maintain independence and control over their lives in the face of their growing need for physical security as they age.

The section entitled *Demographics* interprets the impact an aging population will have on society during the next fifty years.

The *Health* section discusses recent shifts from the medical/institutional model to the community-based/home care model and the effect these shifts (brought about largely by an increased awareness of and concern with soaring health care costs for seniors) will have on older persons and the medical community.

Formal Support Networks deals with the challenge to community services, agencies and departments to develop reliable needs assessment techniques, an effective delivery of services, and linkages to older persons in the community and their families that the community can afford to maintain.

Informal Support Networks covers the myths and realities concerning older persons and their families. It dispels the myth that older persons receive less help and support from their families than they did in 'the good old days' and describes the problems of care giving and ways the community can support those helping older persons.

Housing emphasizes the importance of understanding the wide variety of housing situations in which older persons live and the need for a wide variety of solutions to the housing problem(s) of seniors. The social, physical and financial dimensions of these housing requirements are addressed, along with research reflecting the interests and evaluations of gerontologists, other "housing experts," and the perspectives and opinions of the elderly themselves. Age-dense housing - a dominant topic in the literature on housing for the elderly - is discussed. Finally, housing alternatives and other solutions to the housing problems of the elderly are reviewed.

Transportation and Technology are two areas dealt with here that have received little attention by researchers until recently, even though transportation is identified as one of the most important factors influencing the lifestyles of the elderly and technology has the potential to significantly change the lives of older persons.

The *Education and Leisure* sections are closely interrelated. Most research on education of older persons criticizes the overall efforts to develop life-long learning within traditional educational frameworks. The literature suggests ways older and younger persons differ in their learning interests and abilities and ways in which they are similar. It also shows how the educational system could be changed or modified to promote environments where life-long learning can be realized.

Leisure patterns of older persons as a research topic has gained popularity in the last decade. Most literature either describes the many ways older persons made use or could make use of their 'free time' or analyzes why more are not involved in education, recreation, senior centres, social action groups or cultural events.

The section *Work, Retirement and the Economic Status of the Elderly* is an overview of the research on the 'retirement years': the impact of retirement on financial, social and physical well-being; discussions of present retirement patterns; and predictions concerning future retirement patterns. The debate over mandatory versus voluntary retirement is also covered. Lately, the emphasis in research has been on assessing the present economic status of older persons and forecasting their future status, along with their implications for society. The literature introduces many interesting and controversial points about the ability to reliably forecast the economic status of older persons in the next century .

Appendix E

Introduction *Planning With Seniors for the 21^{st} Century*

Programs and Services

During the past 18 months the Senior Citizens' Secretariat has been holding consultations with federal, provincial and municipal officials, and with the private sector, to try and grasp how programs and services for seniors have grown over the past decade and what they have cost. Based on this experience and our best estimates of inflation and growth in our seniors population, we hope to get some idea of what these programs and services for seniors are likely to cost 10 years from now.

Individual committee members undertook to collect and collate the information and write up the situation in their departments:

The federal departments of Health and Welfare and Housing assisted in collecting information on programs for seniors funded by and/or provided by the federal government.

The Deputy Minister of Municipal Affairs asked all mayors and wardens to help identify and cost those programs and services for seniors provided by their municipalities that are not cost-shared by the federal and/or provincial governments.

The heads of 74 private agencies were asked to provide basic caseload and costs information on programs and services their agencies provide to seniors.

The United Way, on request, provided a rough breakdown of grants made to organizations and agencies.

Also, the provincial Department of Finance was enlisted to identify and quantify the value of the main types of tax expenditures used by the federal or provincial government to benefit seniors: e.g., deductions, exemptions and deferrals, and to forecast future expenditures on seniors by all levels of government.

This publication will attempt to provide some basic insight into the growth of government spending on programs and services for seniors over a 10-year period from the mid-1970s to the mid-1980s; to compare programs and services for seniors throughout the country; and to give the reader some idea of what present government programs and services for seniors are likely to cost 10 years from now, based on experience and the best estimates of the rate of inflation and growth in the seniors population.

Unfortunately, the responses from the private sector and the United Way did not permit any meaningful estimate of private sector spending on programs and services for seniors.

Appendix F

General Concerns of Seniors *Planning With Seniors for the 21st Century*

What the Seniors Say

Over and over we heard seniors express the wish to remain independent in their communities in housing of their choice and to have the opportunity for social involvement and personal growth. They do not wish to be a burden on their families and they do not want to live with them or enter institutions when they become frail. Like persons of all ages, they want to be active, involved, and independent—leading their own lives and making their own decisions for as long as humanly possible.

They recognized that their independence and opportunities for a full and active life hinge on good health, adequate financial resources, the availability of appropriate housing and transportation, readily available and understandable information about services they need, personal development programs, and protection from abuse and neglect. They are willing to do their part to ensure their continued independence, social involvement, and personal growth, but are quick to appreciate their vulnerability and the need for public and private support of their efforts.

Most of the seniors attending the public meetings agreed that "things were getting better" and that their personal situation was "not too bad." At the same time there was a noticeable undercurrent of fear that the gains made to date in such crucial areas as health care might be lost in the face of mounting federal and provincial budgetary deficits.

At each of the public meetings the seniors were asked to identify their three priority needs, and more often than not they responded that they were generally well served now and their main concern was to keep what they have in terms of programs and services rather than to develop new or additional programs and services.

Communication and information, in particular the lack of information about available programs and services and how to gain access to them when needed, was a major concern of seniors and service providers—a situation often exacerbated by the lack of coordination and the overlapping of programs and services. There is no doubt that seniors, their families, and service providers are confused and frustrated by the complexities of the service systems we have developed. Numerous briefs called for more and better use of all forms of the media to publicize programs and services, more extensive and frequent updates of directories like *Programs for Seniors*, a Secretariat publication, and the extension of toll-free help lines to provide crisis relief and counselling and information on programs and services for seniors on a 24-hour basis.

One suggestion, which received considerable support from both seniors and service providers, called for the establishment of ongoing regular annual or semi-annual meetings between service delivery staff for seniors at the local level and seniors' organizations to ensure that all concerned are kept up-to-date on programs and services available to seniors.

In the same vein, seniors asked for greater involvement in the planning, design, development, and operation of programs and services geared to meeting their needs. To achieve this they recommended the establishment of residents' councils in subsidized seniors' housing complexes, homes for special care, seniors, centres, etc., with sufficient authority and scope to ensure such programs and services remain sensitive to the changing needs of seniors.

Speaking to the need for ongoing, meaningful involvement as more and more active, healthy people enter retirement, the seniors came back over and over again to the crucial role volunteer effort has to play and the need to ensure an atmosphere in the public and private sectors that is responsive to and supportive of such effort.

The inequities in housing subsidy programs, as between persons who rent in the private market and those who pay rent in public subsidized senior citizens' apartment complexes, were a matter of concern to many of those making presentations, and these will be described at some length in the final report of the Task Force.

Finally, there seemed to be an emerging consensus that there has to be more income protection for single, separated, divorced, and widowed women, aged 55 years and over, who have been out of the labour force so long as to be considered unemployable. There was general agreement that these women are especially vulnerable and should have special provisions made for them.

Appendix G

Premiers, Chairs of the Secretariat, and Ministers of Community Services since 1980

Premier	Chairing Senior Citizens' Secretariat	Minister Community Services
Hon. John Buchanan October 5, 1978— September 12, 1990	Hon. Jack MacIsaac April 1, 1980— February 26, 1991	Hon. Jack MacIsaac October 5, 1978— June 25, 1979
Hon. Roger Bacon September 12, 1990— February 26, 1991		Hon. Laird Stirling June 25, 1979— December 17, 1981
Hon. Donald Cameron February 24, 1991— June 11, 1993		Hon. Edmund Morris December 17, 1981— December 3, 1987
Hon. John Savage June 11, 1993— July 18, 1997		Hon. T.J. McInnis December 3, 1987— January 5, 1989
Hon. Russell MacLellan July 18, 1997— August 16, 1999		Hon. Guy J. LeBlanc January 5, 1989— February 26, 1991

Hon. John Hamm August 16, 1999— Present	Hon. Marie P. Dechman February 26, 1991— February 24, 1992	Hon. Marie P. Dechman February 26, 1991— February 24, 1992
	Hon. R.J. Thornhill February 24, 1992— June 11, 1993	Hon. R.J. Thornhill February 24, 1992— June 11, 1993
		Hon. D. Forsythe-Smith 1993
	Hon. James A. Smith June 11, 1993— June 27,1996	Hon. James A. Smith June 11, 1993— June 27,1996
	Hon. John MacEachern June 27, 1996— July 18, 1997	Hon. John MacEachern June 27, 1996— July 18, 1997
	Hon. Francene Cosman July 18, 1997— August 16, 1999	Hon. Francene Cosman July 18, 1997— August 16, 1999
	Hon. Peter Christie August 16, 1999— April 1, 2000	Hon. Peter Christie August 16, 1999— December 19, 2002

Hon. Jamie Muir
April 1, 2000—
December 19, 2002

Hon. Jane Purves
December 19, 2002—
August 18, 2003

Hon. Angus MacIsaac
August 18, 2003—
Present

Hon. David Morse
December 19, 2002—
Present

Appendix H

Introduction to the Statement on Aging and the Aged
Significance of Social Policy Statement for Aging and the Aged

Social programs to assist the elderly have become a major part of the business of government at all levels—federal, provincial, and municipal. The private sector continues to be deeply committed and involved, and concern for the elderly is high on the list of priorities of a number of voluntary agencies.

The elderly themselves have emerged in the last decade as a powerful force. They have an inherent commitment to improve public programs and services and, in some cases, they have become service providers. This trend is encouraging because in the long run it is likely to result in services and programs being more relevant to the real needs and aspirations of the senior population.

Our primary task is to identify and understand the major issues facing us in planning social policies to assist those in the population who are aging. The decline in the birth rate and the lengthening average life expectancy brought about by improved health services and other social improvements mean that in the foreseeable future we will continue to have a rapidly aging population. The significance of this change is obvious. From a financial point of view, there will be increasing pressure on government to set aside larger service budgets for seniors. At the same time, unless we plan for considerable changes in the composition of the productive work force, we will have fewer people contributing to the available resources. That situation in itself, if not properly managed, could produce tensions that are inimical to a healthy society.

The improvements in health and social services achieved over the past forty years have been a blessing for all people, especially the aged. However, these improved services have brought about new problems. How will we provide for the growing number of very old and chronically ill seniors? What use will we make of institutional care? How will we find sufficient funding for new home care programs? Will improved health services and prolonged life expectancy eventually lead to a deterioration in the quality of life? These are serious questions and they confront us now.

Technological advances such as the automobile and rural electrification, for example, have brought untold benefits to rural Nova Scotians, especially the elderly. But each advance, while adding to the comfort and enjoyment of life, has also added greatly to the cost of living and to the level of income required by seniors to maintain standards reasonably comparable to those of the rest of the population.

Increasing numbers of elderly people will inevitably mean increasing pressure on elected officials at all levels to extend existing services and to develop new services for seniors. While everything we have accomplished to date in developing programs and services is commendable, a society committed to social justice must also be concerned about the capacity of its citizenry to help itself, separate and apart from government. Social programs, necessary as most of them are, should not replace personal responsibility and initiative nor should they detract from the individual's innate capacity to manage his or her own life in concert with family, friends, and community. We have therefore emphasized throughout this paper that in developing social programs, personal and community initiative should be maintained and strengthened, and that government should encourage seniors and communities to seek out ways of promoting self-help, thus encouraging the private sector.

Nova Scotia is one of the oldest of the British colonies in the Canadian confederation. Inevitably then, it has always had a larger percentage of seniors than the newer parts of Canada, whose population is made up of a larger percentage of in-migration. During the early part of this century this imbalance was aggravated by a large migration of young people from Nova Scotia to the United States and to central and western Canada. There are some indications now that this tide is reversing but the change will not likely be sudden or dramatic.

It would be easy to face problems only as they arise. Unfortunately, the very nature of social problems makes that an ill-advised expedient. Most health and welfare programs, once initiated, tend to be irreversible. Like the poet phrased it so well in the *Rubyiat of Omar Kayam*, one might wish to shatter the Health and Welfare structure to bits and remold it nearer to the heart's desire, but that is not feasible nor is it likely to happen. We seldom discard what we have; we simply add new programs and make slight adjustments. Social planning and long-term social policy direction are therefore needed urgently for these costly and rapidly expanding health and welfare programs.

Proposed Statement on Aging and the Aged

The *Speech from the Throne* delivered at the opening of the First Session of the 53^{rd}

General Assembly of the Province of Nova Scotia stated the following:

> *My Government looks forward to receiving three reports this year related to senior citizens and retirement. The Royal Commission on Pensions created in 1981 to investigate the adequacy and the effectiveness of pensions in Nova Scotia is expected to place recommendations before the Government later this year. The Senior Citizens' Secretariat has been charged with the responsibility for developing a Comprehensive Statement on Aging, to guide future government policy and strategies as the proportion of senior citizens in our society grows. The Nova Scotia Senior Citizens' Commission will consider and report to government on retirement age.*

Organization, Format, and Purpose of Statement

This is a discussion paper prepared with the thought in mind that at least three sectors of the community have a duty and responsibility to respond. The first sector is the elderly who are directly affected by government programs; they should have some say in the form these services take and the way they should be delivered. The private sector, including business, industry, and voluntary agencies concerned with aging and the aged should also be concerned. Finally, the government departments directly responsible for coming to grips with most, if not all, of the issues presented herein should be expected to respond. Our primary purpose then, is to provide a document which will encourage discussion and involve as many Nova Scotians and organizations as possible— including government—in a lively and productive debate concerning the quality of life they want to see developed in Nova Scotia for our senior population.

Chapter Three contains basic demographic information. We have tried to keep statistics and tables to a minimum, believing that more extensive statistical information would serve no useful purpose. We know only too well what is likely to happen in the next two or three decades with respect to our senior population. What is critical to our decisions are the kinds of social policies government and the private sector will encourage and support.

Points for Discussion are elaborated in Chapter Six. On some of these points there may be a clear consensus. The direction government and the private sector should take on others may not be so obvious. Where there is a consensus, we trust those government departments concerned, federal and provincial, will respond appropriately and citizens and communities will shoulder the burdens and responsibilities that properly belong to them. Where there is no consensus, we hope Chapter Six will stimulate discussion and eventually lead to an informed public opinion.

The other sections of the Statement deal with the relationships of the Secretariat to other departments of government, definitions, principles and assumptions, a brief description of programs provided by the provincial government which benefit seniors, and finally, the roles of the family, the private sector, and municipal and federal governments.

For those interested in the historical background of these programs and services, there is a brief historical overview in the Appendix.

It is not possible to ignore pensions and retirement income in a comprehensive statement such as this, and we will deal with this subject as an integral part of the whole. Specific and far-reaching recommendations are contained in the Report of the Nova Scotia Royal Commission on Pensions.

The Senior Citizens' Commission is studying, and will report to government on retirement age. As with pensions and retirement income, we cannot ignore this social policy issue but it will not be considered here in any detail.

It will become obvious to the reader that we will, out of necessity, address questions that relate to the role and responsibility of the individual, the family, the community, and government, in shaping a just and compassionate society. These issues are fundamental, and universal agreement with respect to the directions we should take is bound to provoke sharp disagreement. The blind men of Hindustan, feeling the elephant, had a wide range of impressions concerning what the elephant was really like. Simply because we may have widely divergent views concerning what we should do to improve the quality of life for our seniors does not mean some or all of these views are wrong. In truth, each person tends to appraise the issues from his or her own special bias or background of experience; only through dialogue and the sharing of views can we hope to find better answers to the questions.

Obviously, if new services are to be provided and if solutions are to be found for some of the issues that confront us, both the federal and provincial levels of government will have to be involved administratively and financially. That, of course, becomes central in these times of increasing costs and restricted budgets. Perhaps the overriding issue relates to where government will find the resources for the implementation of new programs and the extension of existing services.

Speaking at a Press Conference on September 6, 1978, the Premier, the Honourable John M. Buchanan, referred to senior citizens as follows:

> *Among our senior citizens we find lifetimes of experience, education, knowledge, and wisdom. We must encourage those who are*

> *able, and those who are willing—and I know there are many—to continue to use their acumen for their benefit and the benefit of society as a whole. We must not lose sight of their achievements and of their ability still to achieve ...*

The Premier went on to say:

> *We believe that government must be compassionate towards those of our people who want to help themselves but cannot shoulder the burden alone. We believe that this help can be provided without imposing intolerable costs on our citizens.*

Referring to costs in the same statement, the Premier said:

> *It is important to bear in mind that the expansion of existing programs and the development of new programs depends on our ability to create new wealth in Nova Scotia ...*

We would be unduly optimistic to expect immediate solutions and implementation of new services either by the private sector or by the provincial government. The development of new programs that are required will have to extend at least over the next decade, if not longer. Social reform will have to match the available resources and the needs of the Nova Scotia economy. The same restriction applies to Canada as a whole.

There is another cogent reason why we should view the new and existing services needed for our aging population as constituting a long-term plan. Voluntary community involvement in the provision of services for the aged and the aging is a key element in most of the new services that are needed in Nova Scotia for our aging population. That can only be achieved over the long-term.

We hope this paper will, in stimulating discussion, eventually help Nova Scotians to reach a con census which will be good for the future of our beloved province.

References

Report of The Royal Commission on Pensions, Halifax 1983.

Appendix I

List of Remarkable Seniors

Remarkable Senior Award

The committee responsible for Seniors' Expo decided in the first year of its operation to make awards to seniors who made outstanding contributions to create a better qualify of life for seniors and a better community. These awards have been continued up to the present time, and a list of the seniors so honoured follows.

■ 1990 Remarkable Seniors

Leadership
Vivian MacMillan, Windsor
Fred Wildsmith, Port Hawkesbury

Volunteerism
Isabelle Parker, Waterville
Vincent Muirhead, Westville

Community Service
Andrew Hanam, Big Baddeck
Joyce Woodworth, Berwick

■ 1991 Remarkable Seniors

Leadership

Edith Harvie, Halifax

Hugh MacDonald, Lower Sackville

Volunteerism

Margaret Brackett, Halifax

Spurgeon Conrad, Port Williams

Community Service

Clotilde Comeau, Weymouth

Douglas Boudreau, Little Dover

■ 1992 Remarkable Seniors

Leadership

Daniel Brownlow, Dartmouth

Bertha Frison, Reserve Mines

Volunteerism

Horace Brown, Bass River

Edith Cromwell, Inglewood

Community Service

Ruby Pentz, Beach Meadows

Roberta Way-Clark, Halifax

■ 1993 Remarkable Seniors

Leadership

Lettie Turner, Halifax

Donald Archibald, Sherbrooke

Volunteerism

Margaret Rolfe, Halifax

Ted Burgess, Walton

Community Service

Netina Lavinia Parrish, South Berwick

Richard Eldridge, Chester Basin

■ 1994 Remarkable Seniors

Leadership

Emma Tufts, Middleton

Leonard and Louise Landry, Havre Boucher

Volunteerism

Marie Aimée Comeau, Weymouth

Earl MacLeod, Upper Clements

Community Service

Linden Wildsmith, Port Hawkesbury

Royce Hefler, Lower Sackville

■ 1995 Remarkable Seniors

Leadership

Curtis and Helen DeCoste, Boylston

Helen Stoddard, Port Clyde

Volunteerism

Margaret (Ada) Johnson, Middleton

Donald Keith, Cambridge Station

Community Services

Francis Morrison, Sydney

Esther Ross, Margaree Valley

■ 1996 Remarkable Seniors

Leadership

Anne Clarke-Webber, Bedford

Glen Slauenwhite, Sackville

Volunteerism

Sister Helene Darte, Halifax

Robert Pettigrew, River Bourgeois

Community Service

Hilda Drew, Berwick

Bill Carter, Yarmouth

■ 1997 Remarkable Seniors

Leadership

Hazel Isabelle Johnson, Inglewood
Dick van der Baaren, Wolfville

Volunteerism

Estella (Stella) Wharton, Liverpool
Edda and Sewell Ferguson, Coxheath

Community Service

Edna Harding, Mulgrave
Jack and Muriel Armitage, Dartmouth

■ 1998 Remarkable Seniors

Leadership

Lucy Riley, Halifax
Kenneth Margeson, Beaverbank

Volunteerism

Evan Scott, Sydney
Dr. Ruth Johnson, Lower Sackville

Community Service

Eleanor Reader, Sackville
Dan and Clotilda Yakimchuk, Sydney

1999 Remarkable Seniors

Leadership

Joanne and Malcolm Keddy, New Glasgow

Dorothy Graham, Dartmouth

Volunteerism

Florence and Edmund Davidson, Halifax

Veronica Brow, Havre Boucher

Community Service

Eugene Roberts, Sackville

Margaret Fougere, Ardoise

2000 Remarkable Seniors

Leadership

Bill Chase, Lower Sackville

Roseanne LeBlanc, Margaree Forks

Volunteerism

Beverly Mailman, Westville

David Thompson, Halifax

Community Service

Dr. Rolf Sers, Antigonish

Eunice Blair Weatherdon-Embree, Halifax

■ 2001 Remarkable Seniors

Leadership

Sarah Brown, Lower Sackville

Donald and Mary Barry, Antigonish

Volunteerism

Veronica Caines, Halifax

Nelson Muise, Sydney

Community Service

William James (Jim) Cullen, Beaverbank

Mary Lou Morrison, Sydney

■ 2002 Remarkable Seniors

Leadership

John Bossons, Greenwood

Florence Smith Bauld, Dartmouth

Volunteerism

Betty Cooke, Trenton

Inez MacKenzie, Sheet Harbour

Community Service

Adrian and Florence Bates, Sydney

Annie Marguerite Doyle, Erinville

■ 2003 Remarkable Seniors

Leadership

Dr. George McKiel, Rose Bay

Lloyd and Mary-Lou Graham, Kingston

Volunteerism

Jan Mattie, Eastern Passage

Dorothy White, Dartmouth

Community Service

Walter Jones, Dartmouth

Jean Watson, Lower Sackville

■ 2004 Remarkable Seniors

Leadership

Betty Pettipas, Linwood

Edith Comeau, Saulnierville

Volunteerism

Doris Evans, Dartmouth

Todd LaFontaine, Dartmouth

Community Service

Aline d'Entremont, Lower West Pubnico

Wai Yin Lau, Dartmouth

Appendix J

Sales from the Seniors' Art Gallery

Show #	# Paintings Sold	$ Value
1	32	3,025
2	59	4,315
3	16	1,395
4	25	2,997
5	22	2,095
6	10	821
PARK LANE	14	1,255
7	34	3,220
8	6	685
9	16	1,700
10	29	2,915
PARK LANE	13	1,287
11	11	1,565
12	25	2,705
13	14	2,338
EXPO '90	60	7,013
14	29	3,145
15	31	3,237
16	10	780
17	20	2,155
18	33	3,870
EXPO '91	36	5,375
19	39	5,115
20	12	1,460
21	13	1,460
22	17	1,465
23	19	2,148

EXPO '92	53	6,750
24	24	3,415
25	27	2,485
26	28	3,770
27	25	2,685
28	43	6,005
EXPO '93	53	7,166
29	17	1,985
30	35	4,594
31	11	1,389
32	16	1,450
33	40	4,575
EXPO '94	37	5,480
34	13	1,841
35	13	1,485
36	25	3,102
37	15	1,915
38	45	5,724
EXPO '95	28	4,055
39	19	2,850
40	18	2,705
41	25	2,870
42	11	1,110
43	57	7,335
EXPO' 96	28	3,189
44	34	3,794
45	6	570
46	14	1,155
47	12	1,580
48	39	4,650
EXPO '97	15	1,985
49	17	2,593

50	13	1,510
51	10	1,055
52	13	1,589
EXPO '98	19	3,000
53	18	2,349
54	21	3,571
55	6	585
56	19	2,485
EXPO '99	52	7,400
57	36	5,060
58	23	3,035
59	15	1,483
60	23	3,035
61	31	4,158
62	16	2,360
63	17	2,208
64	21	3,035
65	24	4,034
66	16	2,169
67	38	4,355
68	30	4,386
69	17	2,145
70	21	3,065
71	7 (1994 sold)	610 ($245,099)

Appendix K

Response of the Group of IX to the Romanow Report

N.S. Seniors' Organizations -Group of IX
603 Chemin B Pierre, Church Point, Nova Scotia B0W 1M0 Tel:/Fax: 902-769-2258

Roy J. Romanow
December 17, 2002
Commission on the Future of Health Care in Canada
P.O. Box 160, Station Main
Saskatoon, Canada S7K 3K4

Dear Mr. Romanow:

The Group of IX Seniors Organizations strongly endorse the final report of the Commission on the Future of Health Care in Canada. We congratulate you for listening to Canadians and formulating a plan to take Medicare into the 21st century. If acted upon, the commission's findings will ensure the viability of a health care system that provides all Canadians with the same high quality care. We therefore urge both federal and provincial governments to work together to implement the Romanow recommendations.

In June 2002, the Group of IX appeared before the Commission in Halifax. The Group's submission reasoned that, as long-term funders and frequent users of the health care system, seniors should be listened to in the health care debate. Nova Scotia seniors have made a significant financial contribution to *the program dating back to 1971. At the same time, seniors are old enough to recall life before Medicare. It is the firm belief of the Group of IX that it is in the best interest of Canadians to protect and improve the national Medicare system. To this end, the Group of IX made 12 recommendations that will protect and enhance Canada's treasured Medicare system. The following is a report card for the Commission, outlining how the report rated against each of the Group of IX's recommendations.*

Overall Grade (A)

Increase the Investment in Health Promotion (A-) *The report clearly addressed the three key areas of health promotion obesity, active living, and smoking.*

Restore Federal Funding (A +) *An increase in federal funding of $15 billion over the next three years will dramatically improve the imbalance in federal and provincial funding that has developed over the past quarter century. Romanow recognized that Canadians want more money directed to improving the quality, timeliness, and appropriateness of health care in this country.*

Prohibit User Fees (A) *Although the report does not call for the prohibition of user fees, Romanow takes a strong stand against these extra charges and concludes that they do nothing to advance the delivery of health care in Canada.*

Commit to Long Term Funding (A +) *This is clearly and effectively addressed in one of the report's 47 recommendations. The*

Canada Health Transfer will ensure stable and predictable funding with its five year planning horizon.

Improve Performance Measuring Systems (A) *Again, one of Romanow's key recommendations recognized the need to more effectively measure the quality and performance of Canada's health care system.*

Develop a National Home Care Strategy (B) *Despite dedicating a chapter to Home Care: the Next Essential Service it is disappointing that chronic home care for the elderly was not among the priority areas. In fact, chronic home care was not even mentioned. It is hoped that this oversight will be addressed as the home care strategy is developed. On the positive side, the emphasis on mental illness support will be welcome by Alzheimer patients and their families. Equally important is the report's proposed coverage for palliative home care services to support people in the last six months of life.*

Include the Nursing Care Component of Long Term Care Under Medicare (F)
Unfortunately, the disparities between provinces in health care funding for nursing home residents was not addressed in the Romanow report. Many of the Nova Scotia seniors living in nursing homes will continue to pay for their own nursing care.

Make Prescription Medications Accessible to all Canadians (B)
The Group of IX welcomes catastrophic drug coverage for all Canadians. Although this falls short of a national pharmacare pro-

gram, we are encouraged that this is a first step towards more comprehensive and uniform coverage for all Canadians.

Improve Mental Health Care For Seniors (A +) *Top marks for the Commission on its strong stand on mental health care for all Canadians.*

Address the Special Health Needs of Frail Seniors (B -) *The report was lacking in senior-specific recommendations. More attention to the health care needs of frail seniors would ultimately save the health care system money by addressing the requirements of this at-risk group.*

Expand Publically Funded Health Care and Reduce the Need for Private Health Care
(A +) *The report takes a strong stand in favour of public health care. Romanow forcefully argues that all available evidence clearly demonstrates that the public health care model is far superior to private for profit. Romanow rightly concludes that the most effective strategy to minimize two-tier care is to enhance public delivery so that it meets the expectations of Canadians, thus making private care redundant.*

Be Responsive to the Needs of Seniors (C) *The report is weak in addressing the specific needs of seniors. Romanow is remiss in not tailoring more recommendations to a seniors population that will swell to 25 per cent by 2025. Romanow also deserves credit for additional innovative recommendations that will benefit seniors and all Canadians. These extra measures include coordinated* *waiting lists, rural initiatives, aboriginal approaches, demands for greater accountability, and electronic health cards.*

Despite falling short on a couple of the Group of IX's recommendations the Commission's findings taken as a package will dramatically improve the delivery of health care in Canada and ultimately enhance the health and quality of life for seniors in Nova Scotia. Romanow has done his part, now it is up to all Canadians to press provincial and federal governments to work to implement the Commission's recommendations. In the meantime, the Group of IX will continue to press governments to address the shortcomings of home care and nursing home care in Nova Scotia.

Sincerely

Omer Blinn
Chair, Group of IX Nova Scotia Senior Organizations

cc: Honourable Jamie Muir, Nova Scotia Minister of Health
Honourable A. Anne McLellan, Minister of Health Canada
Media

Presentation to the Commission on the Future of Health Care in Canada

Delivered by Omer Blinn,
Chair of Group of IX Seniors Organizations in Nova Scotia

- Canadian Pensioners Concerned NS
- Canada's Association for the Fifty-Plus (CARP)
- Nova Scotia Government Retired Employees Association
- Federal Superannuates National Association
- Royal Canadian Legion - Nova Scotia/Nunavut Command
- Regroupement des Aînées et Aînés de la N-É
- Federation of Senior Citizens and Pensioners of Nova Scotia
- Retired Teachers Association of Nova Scotia
- Gerontology Association of Nova Scotia

April 17, 2002

Introduction

Je m'appelle Omer Blinn et je représente aujourd'hui le groupe de 9, une alliance de neuf associations provinciales d'âiné(e)s de la Nouvelle-Écosse. Mme. Joan Lay et M. Stephen Coyle m'accompagnent.

Good afternoon Mr. Romanow, it is an honour to appear before you and your Commission.

About the Group of IX

The Group of IX is made up of nine Nova Scotia seniors organizations representing close to 100,000 residents. The Group of IX *works to improve conditions for Nova Scotia seniors. The coalition is actively involved in providing advice and recommendations to government and participates in initiatives related to health care, Pharmacare, medication education, long term care, and home care.*

Seniors 65 years and older make up over 13 per cent of the province's population. By 2025, Nova Scotia seniors will account for just under one-quarter of the province's population.

The Importance of a Senior Perspective

As a large and growing group, it is essential that seniors be listened to in the health care debate. Nova Scotia seniors have made a significant financial contribution to health care dating back to 1971. At the same time, seniors are old enough to recall life before Medicare. Seniors have first hand experience with the shortcomings of the system prior to national health care. They witnessed unending doctor and hospital payments, families deprived of their savings and patients being denied care because they could not afford to pay. With this range of experience, seniors can confidently speak on the benefits of the current health care system, as well as, the deficiencies of a private health care system .

Group of IX Submission to the Commission on the Future of Health Care

Seniors expect to continue to benefit from a health care system that they have invested in over the years. Many of today's seniors have been paying income taxes for over 50 years and since 1959 Nova Scotia seniors have contributed hundreds of millions of dollars in *health services tax. Clearly, seniors must be able to depend on a system that they have supported for decades, at a time when they need it the most.*

Solidify Medicare Don't Water it Down

It is the firm belief of the Group of IX that it is in the best interest of Canadians to protect and improve the National Medicare System. We must not forget that the core objective of Medicare is to maintain, protect, and enhance the health of Canadians.

Things have changed since Medicare was introduced in 1971 and we now realize that health care is much more than doctors and hospitals. The Group of IX Seniors Organizations in Nova Scotia challenges the federal government to clearly demonstrate its commitment to the Health Care Act by working with other governments to implement the following twelve recommendations:

Recommendations to Maintain and Improve Medicare

1) Increase the Investment in Health Promotion

Develop, fund, and promote a national healthy aging and wellness strategy. The goal of the strategy will be to allow Canadians to live longer, healthier, and more independently. The strategy will address health promotion, injury, and disease prevention, independent living, and more effective management of chronic conditions. Nova Scotia seniors expect to enjoy more years of active and healthy living. All Nova Scotians must have the opportunity to contribute to the strategy through community based consultation.

Group of IX Submission to the Commission on the Future of Health Care

2) Restore Federal Funding

The federal government must increase its share of health care funding. The federal government has steadily withdrawn from its partnership with the provinces by reducing its contribution to health care funding. Health care in Canada will deteriorate unless the federal government substantially increases health care funding. A great deal of energy is being wasted in the ongoing bickering between the two funding partners. Governments must remember that tax payers are ultimately the sole funders of the system. In other words, remove counterproductive politics from health care.

3) Prohibit User Fees

All Canadians should have access to insured medically necessary hospital and physician services unimpeded by financial barriers. User fees are counter productive and do not save money. User fees require additional administrative resources to collect. User fees also discourage the efficient and effective use of health care resources by discouraging timely and appropriate treatment. The poor would be less likely to seek medical attention they cannot afford.

4) S'engager B un financement B long terme

Le financement de notre systeme de soins universels doit être assuré B long terme. De cette façon une planification adéquate pourra Ltre réalisée par les administrateurs et les intervenants qui oeuvrent dans le domaine. Ils pouront alors établir des priorités et gérer de maniPre plus efficace. Un plan décennal faciliterait cette tache.

Commit to Long Term Funding

Long term funding for the health care system must be established. Only a long term funding commitment will make long term planning possible. Government spending on health care must be stable and predictable in order for health care planners to more effectively manage the system.

Group of IX Submission to the Commission on the Future of Health Care

A decennial business plan would facilitate this process.

5) ***Improve Performance Measurement Systems***

The performance of the health care system must be measured on a long-term basis. Only a carefully designed management information system will enable evidence based enhancements to the health care system. More effective management will follow improved measurement.

6) ***Develop a National Home Care Strategy***

The Health Care Act must be expanded to include home care. Health services which are provided in hospitals are covered by Medicare. In contrast, similar services provided in home are the financial burden of the patient and family. It is also regrettable that there is no consistency in home care policies and programs from province to province. Home care programs are the cornerstone of community care. Medicare must cover a core set of home care services, ensuring that the services are universally accessible. Respite services must also be available to informal, unpaid caregivers to allow them to maintain their efforts and minimize lost income from paid employment.

7) ***Include the Nursing Care Component of Long Term Care Under Medicare***

The health care component of long term care must be covered by Medicare. Currently there is considerable variation in the cost and accessability of long term care from province to province. Simply stated, seniors should not be charged for health care services delivered in a long term care facility.

8) ***Make Prescription Medications Accessible to All Canadians***

A national Pharmacare program is needed. Many seniors are paying a considerable amount for their prescription medication. Additionally, not all seniors have access to provincial Pharmacare plans. Compounding the situation is the variation in provincial formularies.

Group of IX Submission to the Commission on the Future of Health Care

9) ***Improve Mental Health Care For Seniors***

The health care system must give greater attention to seniors' mental health. Support a national thrust to standardize seniors mental health services across the country.

10) ***Se pencher sur les besoins des aîne(e)s les plus vulnérables***

Nous devons davantage aider nos aîné(e)s qui sont dans le besoin. Trois sur vingt sont classés comme vulnérables. Des interventions auprPs des aîné(e)s pouvant identifier et aider ces personnes leur permettront d'améliorer leurs conditions de vie et leur état de santé. Le résultat sera sans doute une épargne considérable de ressources dans les soins de santé.

Address the Special Health Needs of Frail Seniors

More must be done to help frail seniors. Three in twenty seniors are considered frail. Interventions designed to identify and support frail seniors will not only preserve the health and well being among this group, but will also save considerable health care resources .

11) Expand Publically Funded Heath Care and Reduce the Need for Private Health Care

Funding reductions in public health care are creating a vacuum that is quickly filled by for-profit providers. Canadians are increasingly having to reach into their own pockets to pay for their health care. There are many advantages to a publicly funded health service, not the least of which is its efficiency.

Group of IX Submission to the Commission on the Future of Health Care

12) Be More Responsive to the Needs of Seniors

To this end, medical schools must be encouraged to graduate more geriatricians and family doctors with more geriatric training. This need is underlined by the fact that there are only four geriatric psychiatrists in Nova Scotia. We should take notice of Britain's approach for training nurses. In Britain, all nurses are required to participate in six weeks of practical training with seniors. In contrast, Nova Scotia nurses receive no specialized geriatric training. Furthermore, Medicare must be expanded to allow for nurse practitioners. Publically funded nurse practitioners that are knowledgeable about seniors will reduce the burden on doctors, improve health care access for seniors, and will be more cost effective for many medical consultations.

Concluding Remarks

The Group of IX is adding its voice to the chorus of other submissions imploring government to shore-up our public health system. For many, many years, seniors in Nova Scotia have been prepaying for health services that would be required later in life. They expect to be able to draw on their health accounts when they require health care most.

The Group of IX submits a dozen recommendations that will ensure that Medicare remains true to the five principles of the Canada Health Act. The recommendations are not intended to be considered in isolation. The recommendations are put forward to be part of a complete and comprehensive package. This will help ensure that Medicare remains relevant and sustainable well into the 21st century. The guidance from the Group of IX balances investments in prevention and health maintenance with those directed to care and treatment. At the same time the health care system will serve seniors with the dignity that they deserve.

Group of IX Submission to the Commission on the Future of Health Care

Appendix L

Members of the Nova Scotia Home Care Advisory Committee

- Rev. Gregory MacKinnon, President of the Nova Scotia Home Care Advisory Committee and President of St. Francis Xavier University
- Ms. Maureen Ahern, St. John Ambulance
- Mrs. Linda Burke, Nova Scotia Association of Homemakers
- Councillor Sharron Byers, Union of Nova Scotia Municipalities
- Mrs. Shirley Chernin, Community Services Agencies
- Mr. Harry Churchill, Council of Churches
- Mr. Laurie Cranton, Canadian Paraplegic Association
- Mr. Sam Cummings, Nova Scotia Association of Homemakers
- Mr. Cecil Cunningham, Community Service Agencies
- Mr. Al Foley, Federation of Senior Citizens and Pensioners
- Miss Mary L. Fraser, Canadian Pensioners Concerned
- Ms. Marlene Grantham, Registered Nurses Association
- Dr. Marie Hamilton, Client
- Mrs. Phoebe Hillier, Client
- Mr. Jerry Holland, Royal Canadian Legion
- Mr. Earle Hood, Union of Nova Scotia Municipalities
- Mrs. Jean Hughes, Canadian Pensioners Concerned
- Dr. Judy Kazimirski, Medical Society of Nova Scotia
- Rev. Grant MacDonald, Senior Citizens' Commission
- Dr. F.R. MacKinnon, Senior Citizens' Secretariat
- Ms. Sharon Marshall, Victorian Order of Nurses
- Hon. Tom McInnis, Minister of Community Services
- Ms. Joan Redmond, Canadian Red Cross Society
- Mr. John Rogers, Canadian Paraplegic Association

- Ms. Valerie White, Senior Citizens' Secretariat
- Mr. Sherman Zwicker, Union of Nova Scotia Municipalities

Appendix M

Letter, December 16, 1982, and Attachments October 29, 1982 from F.R. MacKinnon to the Honourable Jack MacIsaac

December 16, 1982

Honourable Jack MacIsaac
Minister of Labour and Manpower
6th floor
5151 Terminal Road

Dear Mr. MacIsaac:
Please refer to my letters of November 22nd and December 9th to Bessie Harris. The enclosed announcement is along the lines of what I had in mind.

Yours faithfully,

F.R. MacKinnon
Director

FRM:lap

MANITOBA
Information Services Branch
Room 29, Legislative Building
Winnipeg, Manitoba R3C 0V8
PHONE: (204) 944-3746

DATE: October 29, 1982

GROUP TO REVIEW REPORT
ON ABUSE OF THE ELDERLY

Health Minister Larry Desjardins has announced the establishment of a special interdepartmental committee to review the recommendations of a recently completed study: "Protection of the Elderly: A Study of Elder Abuse."

The report identifies the existence of abuse of elderly individuals living in the community in areas of financial abuse, psycho-social abuse, and physical abuse. In order to prepare appropriate departmental and governmental intervention on this emerging issue, the minister said he has asked this new committee to prepare specific recommendations to educate the public, support care givers in the community, make recommendations on legislative reform, and determine the feasibility and content of a central registry.

The committee is to be chaired by the newly appointed provincial gerontologist, Ms. Betty Havens, and will include representatives of the Departments of the Attorney General, Community Services, Education, Health, and the Manitoba Health Services Commission.

The minister has asked the committee to prepare an interim report within the next three months and to complete its work by next spring.

Appendix N

Letters dated November 22, 1982 and December 9, 1982 from F.R. MacKinnon to Bessie Harris

November 22, 1982

Miss Bessie Harris
Director
Policy, Planning & Research
Department of Social Services
4th floor
Johnston Building

Dear Bessie:

I would suggest that consideration be given in the Speech from the Throne to announcing the appointment of a task force on the general subject of abuse of the elderly. This would have to be very carefully worded, first because the word abuse conjures up images related to child abuse and abuse of the elderly is much more subtle and more difficult to explain and understand than child abuse, which, of course, is very emotionally charged.

This particular problem has been looked at in Nova Scotia on a number of occasions but never in any depth and when it came down to the crunch nothing was done about it.

The province of Manitoba has just announced the establishment of a special interdepartmental committee to review the recommendations of a study done in that province entitled "Protection of the Elderly: a Study of Elder Abuse." The interde-

partmental committee is chaired by the provincial gerontologist who happens to be the President of the Canadian Association on Gerontology, Betty Havens.

The question may be raised, what constitutes abuse of the elderly? When mental or physical impairment interferes with their judgement and their ability to manage their affairs they are at risk. Some forget to pay their bills so their utilities are shut off. Some forget to cash cheques so they run into housing problems. Some fail to eat because they are confused and depressed. Others become the victims of plain mistreatment from a care giver which may take many forms such as the misuse of drugs, etc. One of the most common forms of neglect or abuse is financial from members of the family. The facts are that we do not know if there is a problem and if there is what are its dimensions? If government feels that it is a know-issue then it will be unwise to have a fact finding committee but if there is any feeling that it does constitute an issue then this would be a prudent way of getting the facts and coming to grips with the complaints which one hears from time to time that the elderly are being mistreated.

If a committee was appointed the Secretariat would be pleased to provide the secretarial and staff back up and the costs would be negligible.

There are many other things which one might recommend for the Throne Speech but all of them are expensive and I assume it would be pointless to make such suggestions.

It is, I believe, essential that the two demonstration Home Care projects be continued during the 1983-84 fiscal year and the

Throne Speech could well mention that so far they have been successful and they will be continued for another year.

Yours faithfully,

F.R. MacKinnon
Director
FRM:lap

December 9, 1982

Miss Bessie Harris
Director
Policy, Planning & Research
Department of Social Services
4th floor
Johnston Building

Dear Bessie:

In my letter of November 22nd regarding material for the Speech from the Throne, I suggested that the government might announce the appointment of a special interdepartmental committee to review the whole question of elder abuse. Since the project would cut across a number of departments, especially the Attorney General's Department. I further suggested that the Secretariat would be pleased to provide the secretarial and back up staff for such a project.

A situation came to our attention this morning which underlines the seriousness of elder abuse. A few months ago Camp Hill Hospital called us regarding an elderly lady who allegedly was being abused by a relative living in the home with her who had power of attorney to act for her. She was described as a 75-year old woman with multiple bruises in the lower legs and grossly swollen and infected fingers. The neighbours reported hearing screams and shouting from the house. A neighbour stated he saw the man strike the woman with a broom stick. The man of course was unwilling to give evidence and despite the seriousness of this situation the police felt there was insufficient evidence to proceed. The relative was hostile and belligerent. To make a long story short, this was a classic case although somewhat aggravated, of the kind of abuse that is inflicted upon some seniors who are unable to take care of themselves.

The report was made to us by Camp Hill with the hope that there might be something we could do. In fact there was little or nothing that we could do to alleviate the situation. Last week the case broke open again and the woman in question was brought into the Halifax Infirmary by ambulance by herself. She is badly bruised, lacerated in several places, and completely 210 disorientated. The man in question has of course a variety of stories to explain how all this happened, none of which implicate him in abuse. The hope is now that the lady may be declared incompetent and that there will be sufficient evidence for the Crown to proceed towards a prosecution.

These are isolated cases and we have no way of assessing the magnitude of the problem. In this particular situation the Secretariat, and therefore the government was expected to do *something constructive. There was nothing we could do under the law as it was at that time but that will not change the fact that those involved will view what happened as a serious lack in our legislation. I think it is very important that at least we seem to be on top of the situation and trying to cope. At the moment we are not.*

Yours faithfully,
F.R. MacKinnon

FRM:lap
cc: Hon. Jack MacIsaac
John Angus MacKenzie

Appendix O

Report of the Committee on Safe Driving May 14, 1998

SENIORS SAFE DRIVING
Report to Ministers of Senior Citizens' Secretariat
Province House
Thursday 14 May 1998

Honourable Ministers and Deputy Ministers of the Senior Citizens' Secretariat:
It is now more than two years since the Seniors' Safe Driving Committee presented its report to the Hon. Donald R Downe, Minister of Business and Consumer Services, at the meeting of the

Cabinet of the Provincial Government of Nova Scotia on Thursday 18 April 1996. It is timely to review the situation as it appears today.

Our report was well received and its seven recommendations—reproduced here as annex A— were discussed in detail at subsequent meetings with departmental staff. There is, as yet, little tangible evidence that any have been implemented but they are believed to be under active staff consideration.

These recommendations are still valid and strongly supported.

On a more positive note there is a perception that the work of the Seniors' Safe Driving Committee has, in large measure, eased some of the tensions which existed between senior drivers and both the Department of Transportation and the information media. Seniors no longer feel that they are in imminent peril of "being taken off the road" nor are they treated quite as harshly by news reports.

But, there is no room for complacency. The senior population will not take kindly to ill-considered or unnecessary restriction of its driving privileges.

In this regard, the Department of Transport and Communications reviewing that very excellent publication, the Driver's Handbook Sharing the Road, asked our committee for information helpful to senior drivers which should be included. The committee met on 1 December 1997 to consider this and several suggestions were made, but at the same time, the committee warned that nothing in the publication should set senior drivers apart from other road users nor should they be singled out for special or unusual consideration.

It is of interest to note that in November 1997, the Federal/Provincial/Territorial Working Group (FPT) for the Ministers Responsible for Seniors issued a discussion paper on Older Drivers. This well researched and comprehensive paper reached conclusions very similar to ours and referred to our report in very positive terms placing it at the head of the list of studies and findings involving older drivers.

The FPT discussion paper said:

"Nova Scotia—In May 1995, Nova Scotia, through its Senior Citizens' Secretariat, established a Seniors' Safe Driving Committee to study older drivers issues and provide a source of consultation for the Provincial Government and general public. The Committee consulted extensively with individual seniors, senior organizations, government officials, the Nova Scotia Safety Council, the medical profession and others. The Committee in its report to the Minister of Business and Consumer Services, concluded that seniors not be singled out as a group for special or unusual consideration."

This suggests an opportunity for enhanced participation by the Province of Nova Scotia in this very important field which is an essential element of the safety and security of all our citizens and, therefore, a direct concern of every one.

The province should continue the momentum created by FPT and play a prominent leading role in making highways safer for all—drivers and pedestrians alike.

Highway Discipline

Our report called for a high standard of discipline on the highways. Strict highway discipline must be demanded of all road *users, passenger transport drivers, truckers, domestic and private vehicle operators, motor cyclists, cyclists, snowmobilers, ATV operators, and pedestrians.*

No one is exempt—we all have a responsibility to respect and protect the safety and well being of others as well as our own.

It is not good enough for law enforcement agencies to concentrate on speeding and parking offences. Other violations demand greater attention. Violations such as tailgating, overtaking when it is unsafe or prohibited, failure to indicate turns and lane changes, failure to enter and exit limited access highways properly, making U-turns to exit via the opposite ramp, failure to carry proper lights, and, in the case of cyclists and pedestrians, failure to wear light-coloured highly visible clothing or reflective slip-ons, etc. The list goes on and on.

To quote from a well known local columnist, albeit in reference to the Bedford Highway and Bayers Road access to the Bicentennial Highway but equally applicable elsewhere:

"Such consistent and maddening mass lawlessness is devastating."
Not only it is devastating—it is completely unacceptable.

It is comforting to note that the marked highway patrol vehicles now beginning to be seen on our highways are much less conspicuous than their predecessors. They are sleek, swift, unobtrusive and appear out of nowhere.

Driver Proficiency

Our committee stressed the need for driver training to maintain a high standard of proficiency and competence.

We recommended:

"That every holder of a Nova Scotia Driving License be required to take a driving refresher course at some time during the life of that license. Not to pass or fail but as a condition of license renewal." Recommendation 3.

Maintenance of an acceptable level of proficiency and competence is viewed as a personal responsibility which should

not become a public burden nor a charge to the public purse.

The FPT discussion paper addresses the same point:

"Review existing driver education programs and determine whether they are accessible. relevant. positive and sensitive to o1der drivers. Do they address the issues and concerns of licensing bodies? Are courses using an adult learning model, alternative teaching methods for functionally illiterate people?...."

and, Emphasize re-education throughout a driver's lifetime possibly at license renewal time.."

Maintaining driving skill and proficiency

We recommended a random periodic retesting program to encourage all drivers to maintain a high level of proficiency. This does not mean that all drivers should be retested regularly but rather that:

"Each year a given percentage of license holders selected objectively, impartially, without bias and with no reference to age, sex or any similar consideration, from every driving license holder in the Province should be directed, with nominal minimum notice, to report for re-examination." Recommendation 4.

The State of Pennsylvania has a program in which:

"each month 1650 drivers over the age of 45 are chosen at ran-

dom for retesting at license renewal time."

Which is not to suggest that Nova Scotia recall that many drivers. The number does not have to be large and should be determined by the capacity of the system to conduct the examinations.

This would be a powerful incentive to the maintenance of personal driving proficiency and there has been indication that the insurance industry would support such a program.

Medical aspect and relationship with physician

The medical aspect of seniors' fitness to drive is a very complex matter and much has been written about it. The committee endorsed the procedure followed in this province and strongly recommends implementation of our Recommendation 6.

Public information

The Committee considers that many transgressions by vehicle operators stem from such things as lack of familiarity with the regulations, poor judgement, under-developed driving skill, failure to exercise good driving habits, and lack of consideration for other road users.

These shortcomings could be reduced by heightening public awareness through a continuing program of short, highly visible, attention getting, TV, radio, and press spots similar to the Department of Highways television and radio warnings to stay well clear of snow clearance
vehicles "This is no feather duster!"

The Department of Natural Resources also has a program of newspaper notices urging landowners to ensure that forest road *gates and cables are permanently marked and completely visible.*

This was the substance of Recommendation 7.

Other considerations

Constant attention has to be given to highway and vehicle design. Highways must be well marked and the markings, particularly those on the road surface, well maintained in a clearly visible and readable condition.

Control and direction signs must be large, clear, highly visible, illuminated where necessary and sited, where possible overhead, sufficiently far in advance of decision and action points to permit safe and timely response by drivers of all ages in all conditions of weather and viability.

"Wrong Way" signs must not be visible from parallel lanes where they may be misinterpreted by drivers travelling in a proper direction, a situation not uncommon in the vicinity of entrance/exit ramps and along divided highways.

Indiscriminate construction of private roadways on to limited access highways must not be permitted. These access roads, mainly associated with logging and clearing operations, are appearing in many locations along the 100 series of highways. They are uncontrolled, dangerous, and impinge upon the free flow of traffic.

These are a few of the most glaring examples.

There are in addition the constant re-offenders. Particularly those who have lost their license for impaired driving offences. They seem to get right back on the road without a driving license or insurance, and, in many instances without vehicle registration. These drivers who flagrantly violate the law are a formidable threat to others as well as themselves but they will tell you "It is not a crime until you are caught!"

Summary

In summary this report reaffirms the seven recommendations contained in the Seniors Safe Driving Committee Report of 18 April 1996, attached as Annex A, and further recommends that the Province of Nova Scotia assume a prominent leading role in making highways safer for all users in support of the Ministers Responsible for Seniors.

The ever increasing traffic load, the proliferation of giant tractor trailers, some towing trailers as large as themselves, special purpose vehicles transporting mobile cranes, houses, large factory parts, and so on, all moving at high speed on inadequate highways, usually not constructed to withstand the service demanded of them, under all conditions of light and darkness, fair weather and foul, demand a high level of competence and skill in all road users.

The challenges associated with older drivers will escalate as the senior population increases and greater longevity is realized. The elderly, now expected to live independently in their own homes and not become expensive burdens in public institutions, must be protected in their ability and capability to drive and provide their own safe mobility.

Possession of a driving license has long since ceased to be a "privilege." It is an absolute necessity in a society lacking adequate public transportation and in which the basic requirements of daily life involve frequent travel of considerable distance.

Finally, all solutions advanced by policy makers must seek to protect and preserve seniors' rights, independence, safety, and above all dignity.

R.G. Guy
Seniors' Safe Driving Committee

Appendix P

Memorandum Re: Pension Conference, Ottawa March 31, April 1 and 2, 1981

The Nova Scotia delegation to the Pensions Conference consisted of Hon. Jack MacIsaac, Hugh MacDonald of the Civil Service Commission, Percy Fleet of the Department of Finance, and Fred MacKinnon of the Senior Citizens' Secretariat.

The attendance of 375 was drawn from the Insurance and Pensions industry, provincial governments, the federal government, labour and voluntary organizations representing seniors, and women's groups.

Only one provincial government, Saskatchewan, was invited by the federal government to present a formal submission to the Conference. That submission assumed that private sector pension plans have failed and it would be a waste of time to attempt reform of the pension system by utilizing the private sector. Rather, the course to follow would be to extend the Canada Pension Plan in respect to coverage and benefits and achieve pension reform solely through that plan.

A central issue which had a very great bearing on all the discussions and positions taken related to the economic forecast for the next two decades. Representatives of the business sector predicted at best slow growth between now and the end of the century. Others more gloomy predicted no real growth in the next two decades. Labour representatives and others based their arguments on strong economic growth in the years ahead.

The business sector forecasts were based on the energy crisis, *the unemployment outlook, and the inflation problem, which so far is unchecked. Obviously this issue of growth is critical. If there is no real economic growth, or slow growth, there will be little or no surplus to invest in welfare programs and pensions and if there is no growth except that brought about by inflation additional spending on new programs will further fuel the fires of inflation.*

It was generally agreed that pensions and provision for retirement income through pensions should be viewed as "deferred wages."

It was emphasized that there are a number of programs in addition to pensions, public and

private, which assist retired people. These include housing, income tax, education, transportation, medical plans, hospitalization, and provincial initiatives helping seniors in tax rebates, rental subsidies, and special assistance payments. The maintenance and extension of these programs provides a method of coping with inflation and decreasing purchasing power which is preferable to "indexing."

There was general agreement that we have a poverty problem now, which reforming the pension system will not help. The Canada Pension Plan has not yet reached maturity and will not do so for several years. New initiatives in either the public or private sector will take even longer to mature. The best way of coping with the immediate poverty problem is to increase the Guaranteed Income Supplement and thus assist those with the greatest need. It was noted and emphasized that this poverty problem is especially serious amongst women.

There was much discussion about the plight of women who are not in the labour force and who, on the average, live four years *longer than men. A variety of proposals were made ranging from the setting of a minimum value on "homemaker services" with a proportionate pension provision to the suggestion that spouses should contribute for women not in the labour force or that spouses current contributions should be split.*

There was general agreement that early vesting and complete portability would have to be achieved. The private business sector is committed to effecting these two reforms.

As one might expect, indexing proved to be a contentious and difficult issue. We now have an indexed Old Age Security pension of $2,498 per year payable to all Canadians 65 years of age and over and at 60 years of age in certain circumstances. In addition, we have an indexed Guaranteed Income Supplement and a Canada Pension Plan, which is indexed and contains a provision for disability.

Inflation is a relatively new phenomenon which was not foreseen or experienced until very recently. Indexing pensions does not get at the root of the problem. Rather it tends to fuel the fires of inflation and obviously it is inflation that should be fought rather than searching out new ways to reduce its consequences. The inflation problem of course hits directly at the purchasing power of a pension and undermines the confidence of younger members of the population in a pension system and thus makes them less than enthusiastic about setting aside savings for old age. Two opposing points of view emerged. One argued for indexing directly related to the cost of living which is obviously impractical and calculated in the long run to aggravate and worsen the inflationary spiral. The other position would aim at maintaining the purchasing power of the retired person's income to ensure the *basic necessities of living but it would not attempt or pretend to index all pension dollars for all pensioners in a direct relationship with the cost of living index.*

We have and are accomplishing this to some degree at the moment through the indexed Old Age Security and CPP and many if not most employers are providing "ad hoc" adjustments to at least provide for the increased cost of basic necessities, brought about by inflation. Provincial "topping off" programs also assist in compensating for declining purchasing power.

The suggestion was made that an inflationary economy creates a gain in investment dollars in excess of the expected interest return on investment. It was argued that these gains or excesses could be calculated in any year and passed on to the credit of the individual pension contributor. This might not be the same as 100 per cent indexing to the cost of living but it would be a reasonable provision for the decline in purchasing power of the pension dollar.

The two central over-riding issues which surfaced over and over again in formal papers and discussion from the floor related to (1) the role of the private sector in pension reform and (2) the pace at which retirement income plan reforms should be effected. Reference has already been made to the Saskatchewan proposal. The arguments in favour of reform through the private business sector are:

The Canada Pension Plan is in serious difficulty at the moment and is in fact fast approaching insolvency. This being so there will have to be an increase in the present contributory rate of 3.6 per cent to maintain what we have without any improvement in coverage or benefits. If we decide to take the public route to fur-

ther improve the CPP we shall have to plan for a double increase in the CPP contributions. That is unacceptable and would have a disastrous effect on small business across Canada.

2. The CPP is on a pay as you go basis and is only partially financed in advance so that a part of the costs is passed on to future generations. With a rapidly aging population the burdens will increase and future generations will be required to carry an unduly heavy financial load.

3. To extend coverage and benefits under CPP would result in another massive transfer of investment capital from the private to the public sector. The current state of the Canadian economy does not justify such a move.

4. The federal government now faces a deficit of $14 billion. The first basic reform facing Canadians is a drastic upward revision of the Guaranteed Income Supplement to alleviate the immediate problem of poverty. The second requirement is as already stated, an increase in contributions to make the CPP solvent. To superimpose on top of these two requirements a third requirement for a mandatory extension of contributions and coverage under CPP would be beyond the budgetary capacity of the federal government and Canadians at this time. If we assume weak prospects for growth in the economy it becomes obvious that correcting inequities in the current system would alone present enormous difficulties.

The obvious solution is for the private sector to act quickly. How might this be done? There are a number of possibilities:

Facilitating the establishment of private pension plans

Adjusting the income tax system

Making changes in RRSP

4. Contributing to a retirement plan only after age 25
5. Spouses contributing for women not in the labour force

The issue of whether new and additional provisions will be mandatory is difficult. Canadians are increasingly mobile and many do not begin to think about retirement income until they are 50 or 55 years of age. It is then too late to make adequate provision for old age.

"Locking in" contributions implies early vesting and portability. It also raises a question as to the effect of additional compulsory retirement plans on top of what we now have and the effect this will have on small business and the Canadian economy as a whole.

The Minister of Finance summing up at the end of the Conference sounded a note of caution that pension reform would have to be based on a realistic appraisal of what is reasonable and possible within the framework of a sound Canadian economy.

April 6, 1981
Honourable Jack MacIsaac

Appendix Q

Executive Summary Report og the Task Force on the Retirement Income Needs of Seniors and Submissions Made to the Task Force

The cost of all plans for seniors sponsored by the Province of Nova

Scotia, and its municipalities, will increase by almost 70 per cent by the year 2021 and will more than double by the year 2031, simply because of the increasing number of seniors, assuming the present rate of utilization of services, and without making any allowance for increasing costs by reason of inflation. These cost estimates do not include those for Medicare, but there will be a similar increase there.

The costs for the Canada Pension Plan, Old Age Security Pension, and the Guaranteed Income Supplement will also increase, although this increase does not fall directly upon the Province. OAS and GIS will be a less significant source of income in the future, measured as a percentage of the average wage, because OAS and GIS are indexed with prices, which historically have always increased at a lesser rate than wages the "claw-back" threshold for OAS is indexed at three percentage points less than the increase in prices, so it will increase at a much lesser rate than wages, and not at all in the near future.

It is very unlikely that provincial revenues will increase by a sufficient amount to allow the continuation of provincial schemes at their present level. Revenues would increase only if there were a pronounced economic upturn for the Province, or substantial immigration of working age people into the Province, both of which would increase the tax-base.

Steps should be taken to improve the income of seniors so that they can do without some of the services now provided by the Province. Unfortunately membership in employer sponsored pension plans has been static for the past decade, and money in Registered Retirement Savings Plans need not be used to provide pension benefits. There is evidence that money is being withdrawn, simply because of the recent recession, and its accompanying down-sizing. Further, there is evidence that some employers are using the so-called Group RRSP as a replacement for pension plans, because of the simpler administration and much less complex pension benefits and income tax requirements.

The conclusion is that steps must be taken to encourage the establishment of more employer sponsored pension plans, and to ensure that RRSP monies be used to provide pension benefits. As a result the Task Force reached the following conclusions:

Employees must not have the option of not belonging to a pension plan if their employer has one, and they meet the eligibility requirements. In other words, membership in a pension plan should be mandatory. This would particularly increase the coverage of part-time workers, who under current legislation have the right to join a plan, but usually do not do so. Such legislation is in effect in Manitoba.

Group RRSPs should be brought under the Pension Benefits Act to the extent that funds could only be used to provide retirement income, and that the option of a form of pension continuing at the rate of 60 per cent to a spouse be mandatory, as is required for pension plans. To compensate for what may be seen as imposing a restriction, RRSP funds would be protected from creditors, as are pension funds. No other provisions of the Pension Benefits Act would apply. Deferred Profit Sharing Plans should also have these conditions imposed upon them. These restrictions need not apply if the Group RRSP or DPSP were supplementary to a pension plan, and not in place of it.

Individuals with RRSPs would be offered the opportunity to protect their RRSP from creditors if they agreed to the restrictions described above.

The Province should establish a multi-employer simplified pension plan with a minimum of options that could be offered to all employers in the province. Such a plan would meet all pension benefits and tax requirements, and would reduce employer administration to virtually that for a Group RRSP. Outside investment managers, administrators, actuaries, and custodians would be retained. The investment dealers and the insurance industry objected to this proposal as being unnecessary, and recommended that the Province develop a simplified pension plan that would automatically comply with all legislative requirements, and that would reduce administrative problems. This plan would be marketed by the investment and insurance industry. Quebec and Manitoba are working in this direction, with the plan to be marketed by the pension industry .Whether the industry would be any more successful in marketing this than they have been in extending pension coverage in the past 10 years is a good question. Whether the proposed Provincial plan would be bought by many is another question, but there might well be less sales resistance to it, and more confidence in it, than in one marketed by insurance salesmen.

If these first four recommendations do not result in a substantially greater of residents being covered under retirement arrangements after a number of years, then consideration should be given to requiring all employers over a certain size to establish pension plans. It should be noted that this is not a recommendation for mandatory pension plans—no jurisdiction in Canada has such a requirement—but a recommendation to consider such a step in the future if coverage does not increase.

In order to increase the income of seniors, the Province encourage reverse mortgages, and set standards to protect the interests of seniors who undertake them.

There are no easy solutions for the non-pension programs in most cases, other than reduced entitlements, either by reducing the amount, having a more stringent income test, or raising the age requirement.

One other suggestion that was made at the hearings was to give employers an additional incentive to establish pension plans, beyond the current one of the expense being deductible from taxable income. The specific suggestion was a refundable tax credit, which would benefit firms who are not sufficiently profitable, or who are taxed at such a low rate, that the current incentive was insufficient.

All of those who made submissions commented favourably on the quality of the Report. Some were opposed to the extension of restrictions to RRSPs on principle, but we were surprised that the majority did not. All felt that pension benefits requirements should be simplified. While some questioned whether the proposed provincial plan would succeed, only two groups opposed it. There was relatively little objection to the concept of mandatory pension plans.

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From taxes assessed, now raised at a nod
While inspectors rule o'er us with their iron rod,
And expect homage paid them like some demi-god,
GOOD LORD, DELIVER US!

From a workhouse where hunger and poverty rage,
And distinction's a stranger to birth, sex or age,
Lame and blind, all must work, or be cooped in a cage,
GOOD LORD, DELIVER US!

From six in a bed in those mansions of woe,
Where nothing but beards, nails and vermin do grow,
And from picking of oakum in cellars below,
GOOD LORD, DELIVER US!

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Bread like sawdust and bran, and of that not enough,
And scarcely a rag to cover our buff,
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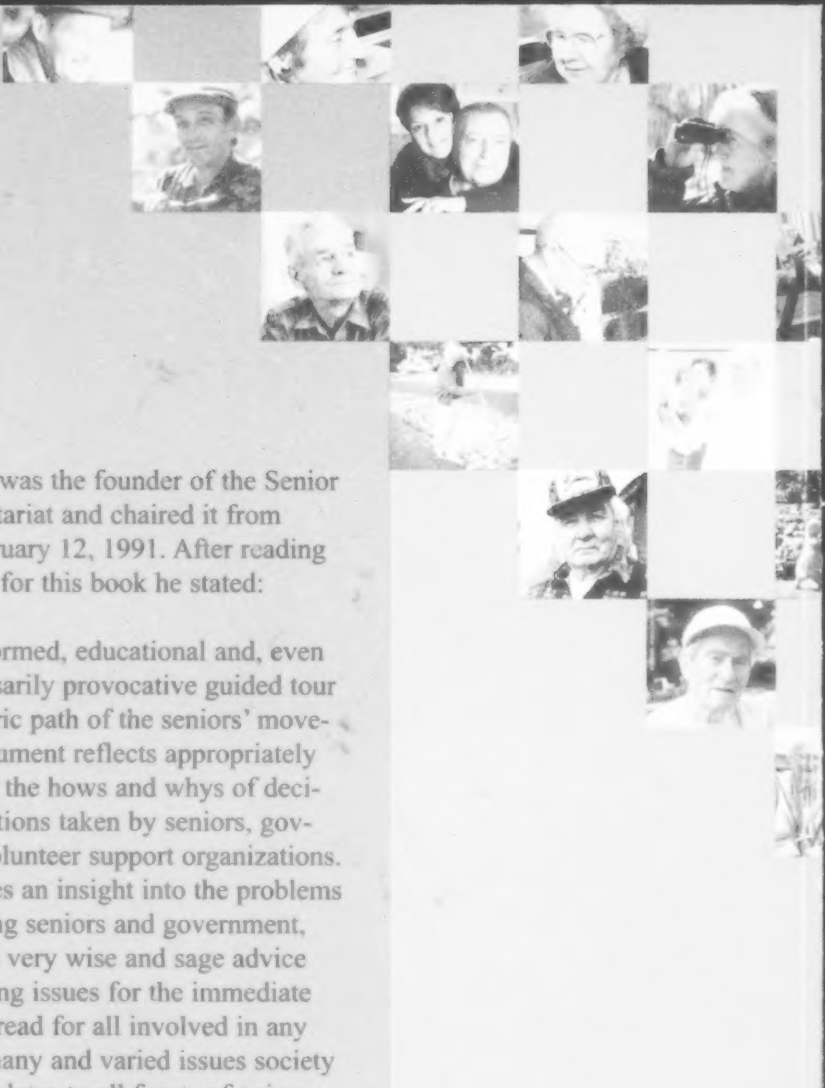

Jack MacIsaac was the founder of the Senior Citizens' Secretariat and chaired it from 1980 until February 12, 1991. After reading the manuscript for this book he stated:

"This is an informed, educational and, even at times, necessarily provocative guided tour down the historic path of the seniors' movement. This document reflects appropriately on the past and the hows and whys of decisions and directions taken by seniors, government and volunteer support organizations. Also, it provides an insight into the problems of the day facing seniors and government, including some very wise and sage advice on the impending issues for the immediate future. A must read for all involved in any way with the many and varied issues society is facing as it relates to all facets of aging. It would, as the Scottish Bard Burns said hundreds of years ago, 'Oh what powers the Giftie gie us, Tae see ourselves as others see us. It would from many a Blunder free us!' This history provides the means to avoid those blunders!"

NOVA SCOTIA
Senior Citizens' Secretariat